

MARRIAGE APPLICATION FORM

ENDORSED BY IMAAMAT COUNCIL OF THE NORTHERN SUBURBS (ICONS)



Quloobul Moe'mineen Masjid

127 Goodwood Street
Goodwood, 7460
Tel: (021) 591-4233

email : info@goodwoodmosque.org.za
web : <http://www.goodwoodmosque.org.za>
npo : 054631

DOC REF: _____

SECTION A					
Applicant's Details (Female)					
Female's Details			Parent's Details		
Date of Application			Father's Surname		
Surname			Father's First name		
First Name			Address		
ID Number			Telephone	(h)	(w)
Date of Birth			Cell Number		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow				
Address					
Email			Mother's Surname		
Telephone Number(s)	(h)	(w)	Mother's First Name		
Cell Number			Address		
Next of Kin			Telephone Number(s)	(h)	(w)
Telephone Number(s)	(h)	(Cell)	Cell Number		
Employer					
Position					
Qualification					
Wali / Wakeel's Details			Proposed Spouse Details		
Surname			Surname		
First Name(s)			First Name(s)		
Address			ID Number		
Telephone	(h)	(w)	Date of Birth		
Cell Number			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
Relationship to applicant			Address		
Proposed Marital Officer			Telephone Number(s)	(h)	(w)
Proposed Marriage Date			Cell Number		
Proposed Marriage Time					
Proposed Masjid					
Has Imam of proposed Masjid been informed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Proposed witnesses	ID Number		Proposed witnesses	ID Number	
1.			4.		
2.			5.		
3.			6.		
Previous Spouse Details (if previously or currently married)			General Details		
Surname			Do you suffer from any disease(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)	
First Name			Has a dowry been agreed upon?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)	
ID Number			Have you attended marriage classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)	
No. of dependants			Indicate no of previous marriages		
Boys:					
Girls:					
Ages:					
Address					
Cell Number					
Details of Previous Marriage					
Date of Prev. Marriage			Marital Officer:		
Date of Termination			Terminated by:		
Civil Marriage	<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please indicate type:		
Relevant Documentation					
Attach copy of identity	<input type="checkbox"/> Certified copy of ID <input type="checkbox"/> Certified copy of passport				
Attach proof of residence	<input type="checkbox"/> Rates a/c <input type="checkbox"/> Telephone a/c <input type="checkbox"/> Clothing/Other Store a/c				
Attach other relevant documentation	<input type="checkbox"/> Faskh/Divorce papers <input type="checkbox"/> Copy of Previous Marriage Certificate				
	<input type="checkbox"/> Copy of dowry contract <input type="checkbox"/> Not applicable				
Declaration					
I hereby declare that the information provided above is true and accurate to the best of my knowledge. Any misinterpretation or withholding of information shall render this application null and void at the discretion of the Imaamat or the Authorative body of the Masjid.					
Signature of Applicant					
Full Name			Signature		
Date					
Place					
Signature of Imam					
Full Name			Signature		
Date					
Place					

