



**Charity No. 1131596**

**NIKAH REGISTRATION FORM**

**Date:**

Name of Bridegroom: \_\_\_\_\_ son of \_\_\_\_\_

D.O.B: \_\_\_\_\_

Name of Bride: \_\_\_\_\_ daughter of \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address of Bridegroom: \_\_\_\_\_

\_\_\_\_\_

Address of Bride: \_\_\_\_\_

\_\_\_\_\_

Mahr (dowry): \_\_\_\_\_ Wali: \_\_\_\_\_

Venue, date and time of ceremony:

\_\_\_\_\_

\_\_\_\_\_

Witness 1 Name: \_\_\_\_\_

Witness 1 Address: \_\_\_\_\_

\_\_\_\_\_

Witness 2 Name: \_\_\_\_\_

Witness 2 Address: \_\_\_\_\_

\_\_\_\_\_

NAME & NUMBER OF PERSON TO CONTACT FOR FURTHER INFO.:

\_\_\_\_\_

-----FOR OFFICE USE-----

Solemnised by: \_\_\_\_\_

Certificate No. \_\_\_\_\_