

DATE: _____ DAY: _____ TIME: AFTER _____ SALAAH

NIKAAHS on Friday after ASR will have to be performed after the SHUBGUZARIE BAYAAN i.e. BEFORE MAGHRIB SALAAH

Person Performing Nikaah:	Contact No.:
Grooms Father:	Contact No.:
Brides Father:	Contact No.:

BRIDEGROOM

Surname:	Forename/s:	Age:
ID Number:	Place of Birth:	Citizenship:
Present Residential Address:		

BRIDE

Surname:	Forename/s:	Age:
ID Number:	Place of Birth:	Citizenship:
Present Residential Address:		

REPRESENTATIVE OF BRIDE

Surname:	Forename/s:	Age:
ID Number:	Place of Birth:	Citizenship:
Present Residential Address:		

WITNESS 1

Surname:	Forename/s:	Age:
ID Number:	Place of Birth:	Citizenship:
Present Residential Address:		

WITNESS 2

Surname:	Forename/s:	Age:
ID Number:	Place of Birth:	Citizenship:
Present Residential Address:		

OTHER WITNESSES

Dowry: R	Prompt:	Deferred:	Would you require live streaming:	Y	N
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