



Islamic Center Of Old Bridge

205 Route 35 North, Cliffwood Beach, Nj - 07735

Phone : (732) 583 - 2030



Nikah Application Form

● Details of The Groom ●

Full Name :

Date Of Birth : _____ Married Before Never Married Widow Divorcee Muslim Revert Muslim

Father's Name : _____

Address : _____

● Details of The Bride ●

Full Name :

Date Of Birth : _____ Married Before Never Married Widow Divorcee Muslim Revert Muslim

Father's Name : _____

Address : _____

Wali / Wakeel (Guardian / Brother or Father)

Name : _____ Address : _____

Witness 01

Full Name : _____ Address : _____

Witness 02

Full Name : _____ Address : _____

* Both Witnesses Should Be Male and Muslim

Agreed Upon Terms

Mehr : Advance \$ _____ Postpond: \$ _____ Total: \$ _____

Event Details

Nikah Date & Time : _____

Nikah Location : _____

Imam Performing Nikah

Name : _____ Signature : _____ Nikah Certificate : _____