

ICOB NIKAH INFORMATION

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
السَّلَامُ عَلَيْكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ

Request for marriage ceremony will be made 2 - 3 weeks in advance.

- Couple must meet *all Islamic requirements* for marriage
- Groom -at minimum- (both bride and groom preferred) shall *meet* with person performing ceremony *prior* to marriage

Couples wishing to get married at ICOB must acknowledge, by signature and date below, their agreement and understanding of the following requirements before completing a marriage request form for services:

1. Marriage will not be performed between a Muslim female and a non-Muslim male.
2. Approval of the marriage by the bride's guardian must be demonstrated, prior to the marriage
3. A verbalized commitment to Islamic tenets by the groom and bride must be made, prior to the marriage.
4. Proof of identity of the couple will be required.
5. Two Muslim males who know the couple or at least know the bride must be present, as witnesses during the ceremony.
6. A Wakeel / guardian for the bride, regardless of bride's age or prior marital status must be present, at and during the marriage ceremony.
7. An appointment for questions, clarification, confirmation of compliance with requirements, for services must be arranged by the couple prior to the ceremony.

I have read, understand and agree to all requirements as written herein, and acknowledge to have read, understand and agree to the disclosure statement on the marriage application.

Signature (Groom) Date

Signature (Bride) Date

Groom (Printed Name)

Bride (Printed Name)

Islamic Center of Old Bridge
205 Route 35 North, Cliffwood Beach, NJ 07735
Telephone: 732-583-2030
www.icobnj.org

ICOB NIKAH SERVICE REQUEST FORM

Groom Details – First Name: _____ Middle _____ Last Name _____		
Country Of Birth:	Date of Birth:	Marital Status: Single / Divorced / Widower
Father's Name: – First Name: _____ Middle _____ Last Name _____		
Address:		
Address (cont.)		Signature:
Bride Details – First Name: _____ Middle _____ Last Name _____		
Country Of Birth:	Date of Birth:	Marital Status: Single / Divorced / Widower
Father's Name:– First Name: _____ Middle _____ Last Name _____		
Address:		
(City, State, Zip)		Signature:
Agreed Upon Terms		
Mahr: Muajjal(Advanced) \$	Muwajjal (Postponed) \$	Total \$

Wali/Wakeel Details (Guardian) –		
First Name:	Middle _____	Last Name _____
Address:		
Address (cont.)		Signature:
Witness I Details – First Name: _____ Middle _____ Last Name _____		
Address:		
Address (cont.)		Signature:
Witness II Details – First Name: _____ Middle _____ Last Name _____		
Address:		
Address (cont.)		Signature:

Event Details
Nikah Date (Date and Time):
Nikah Location (If Off-Site):

Imam Performing Nikah		
Name:	Signature:	Nikah Certificate #

NOTE:
 The fees for Nikah Services are as follows:
 At ICOB Masjid: \$250 (Please complete Form 002 - Application for ICOB Facility Use)
 Off-Site: \$350