



# MUSLIM PATEL ASSOCIATION

2A CHURCH ROAD E12 6AQ. TEL NO: 0208 514 8741



## ISLAMIC MARRIAGE PROPOSAL FORM

*Nikah fee will be £150.00 to be paid upon submission of the form*

**Date & Time** \_\_\_\_\_ **Islamic Date** \_\_\_\_\_

**Bridegroom**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

**Bride**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

**Representative of the Bride**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

**Witness (1)**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

**Witness (2)**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

**Mehr** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_