

Islamic Center of Mason

999 Reading Road, Mason, OH – 45040 | info.icmohio@gmail.com



ICM Nikah Matrimonial Services

Marriage services Enquiry

Personal Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Marriage Application

Applicant Information

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Gender: Male Female

Groom

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Gender: Male Female

Date of Birth: _____

Bride

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Gender: Male Female

Date of Birth: _____

Wali

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Mahr

Mahr Amount: _____

Status: _____

Additional Mahr Information: _____

Witness #1

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Witness #2

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Pre-Marital Counselling

Pre-Marital Counselling: _____

Pre-Marital Counselling Time: _____

On-Site Ceremony Request

Requested Ceremony Time: _____

Location of Ceremony: _____

Location: _____

Number of Guests: _____

Note: All your personal information is kept confidential and not shared with anyone.