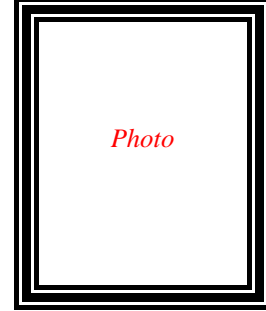




Family and Social Affairs Office

Please complete the following form and return it to us along with 2 photographs (2cm x 3cm).
This document is required for your Marriage Certificate.

Application for Islamic Marriage



Bride or Groom's details:		لطفاً اسامی را به زبان فارسی نیز درج نمایید.	
Name:			
Surname:			
Father's Name:			
Passport/ID No:			
Address:			
Town:	Post Code:	Country:	
Tel.:	Fax:		
Email:	Mobile:		
Is this your first marriage	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
If no please attach your previous marriage certificate and the details			
Date of Marriage:	Place of Marriage:		
Name of the organisation or the person/s performed the marriage:			
Town:	Post Code:	Country:	
Tel.:	Fax:		

Tel: 00 44 20 7604 5524 or 5515

Fax: 00 44 20 7604 4898

140, Maida Vale, London, W9 1QB, England, UK

Registered Place of Worship and Solemnisation of Marriages Number: 80330

E-mail: familysection@ic-el.com

Home Page Address: <http://www.ic-el.com>

Registered Charity Number: 1058998



Family and Social Affairs Office

Is your previous husband/wife informed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Previous wife / husband's address:		
Town:	Post Code:	Country:
Tel.:	Fax.:	
Name:		
Surname:		
Do you have any children:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes how many:	Boys: <input type="checkbox"/>	Girls: <input type="checkbox"/>
Where do they live:	With father: <input type="checkbox"/>	With mother: <input type="checkbox"/>
Any Medical Problems that your future spouse should know before marriage:		
Any Comments:		
Visa status in the UK & expiry date:	Status:	Expiry date:
Signature & Date:	Signature:	Date:

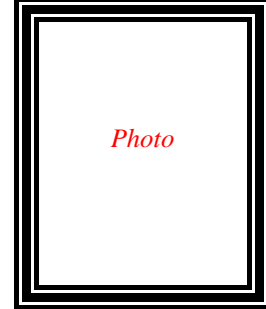
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