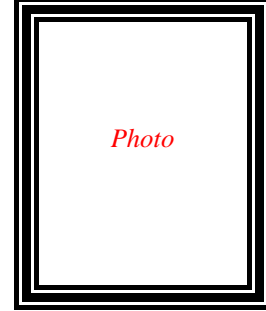




Family and Social Affairs Office

Please complete the following form and return it to us along with 2 photographs (4cm x 6cm).
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: ++ 44 20 – 7604 5515 or 5524

Fax: ++ 44 20 – 7604 4898

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

Registered Place of Worship and Solemnisation of Marriages Number: 80330

NGO in Special Consultative Status with the Economic and Social Council of the United Nations

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: |

Please answer the question completely and return this form to the following address.

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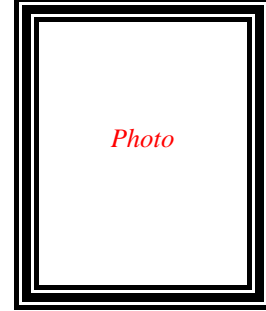
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Application for Islamic Marriage



| | | | | | | | | | |
|--|------|--------------------------|-----|--------------------------|--|--|--|--|--|
| 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: | | | | | | | | | |
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| Tel.: | Fax.: | |
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