

# MARRIAGE APPLICATION FORM

ENDORSED BY ULEMA OF THE NORTHERN SUBURBS (UNS)

DOC REF: \_\_\_\_\_



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SECTION B			
Proposed Spouse Details (Male)			
<b>Male's Details</b>		<b>Parent's Details</b>	
Date of Application		Father's Surname	
Surname		Father's First name	
First Name		Address	
ID Number			
Date of Birth		Telephone	(h) _____ (w) _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Cell Number	
Address			
Employer		Mother's Surname	
Email		Mother's First name	
Telephone	(h) _____		
Cell Number		Telephone Number	(h) _____ (w) _____
Next of Kin		Cell Number	
<b>Previous Spouse Details (If previously or currently married)</b>		<b>Proposed Spouse Details</b>	
Surname		Surname	
First Name(s)		First Name	
ID Number		ID Number	
Address		Address	
No. of dependants		Date of Birth	
	Boys: _____ Girls: _____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
	Ages: _____ Ages: _____		
Employer			
Telephone Number(s)	(h) _____ (w) _____	Telephone Number	(h) _____ (w) _____
Cell Number		Cell Number	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
<b>Details of Previous Marriage</b>			
Date of Prev. Marriage		Marital Officer:	Contact Details:
Date of Termination		Terminated by:	Contact Details:
Civil Marriage	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please indicate type:	
<b>General Details</b>			
Do you suffer from any disease(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)		
Has a dowry been agreed upon?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)		
Have you attend marriage classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)		
Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)		
<b>Relevant Documentation</b>			
Attach copy of identity	<input type="checkbox"/> Certified copy of ID	<input type="checkbox"/> Certified copy of passport	
Attach proof of residence	<input type="checkbox"/> Rates a/c	<input type="checkbox"/> Telephone a/c	<input type="checkbox"/> Clothing/Other Store a/c
Attach any other relevant documentation	<input type="checkbox"/> Fasag/Divorce papers	<input type="checkbox"/> Copy of Previous Marriage Certificate	
	<input type="checkbox"/> Copy of dowry contract	<input type="checkbox"/> Not applicable	
<b>Declaration</b>			
I hereby declare that the information provided above is true and accurate to the best of my knowledge. Any misinterpretation or withholding of information shall render this application null and void at the discretion of the Imaamat or the Authorative body of the Masjid.			
<b>Signature of Applicant</b>			
Full Name		Signature	
Date			
Place			
<b>Signature of Imam</b>			
Full Name		Signature	
Date			
Place			
<b>Office Use Only</b>			
Reference No.			
Other Comments			

