



With the name of Allah, the most Beneficent, the Most Merciful

# Masjid Ibrahim (Muslim Society Inc.)

1785 Bloomingdale Road, Glendale Heights, IL-60139

Phone: 630-653-7872

[www.muslimsocietyinc.org](http://www.muslimsocietyinc.org)

## Application for Marriage Services

### Please read the following instructions before filling in the application:

- 1) You must obtain a marriage license from the county in which marriage will be performed.
- 2) We cannot perform the Nikah without marriage license & on the same day of issue of the license.
- 3) Copy of marriage license must be received by MSI at least 2 days before Nikah and original must be presented at the time of Nikah.
- 4) Identification of groom, bride, and witnesses must be presented at the time of Nikah.
- 5) **Service Charges:**

**Administrative Charges: \$100 (check payable to Muslim Society Inc.)**  
**Service Charges: Minimum \$350 (payable to Imam performing Nikah.)**

**(A) Groom's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel # ( )** \_\_\_\_\_  
**Residential Status:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Muslim by Birth: Yes ( ) No ( )**  
 (Check One) (Check One) If no, accepted Islam on \_\_\_\_\_  
 a. US Citizen ( ) a. Single ( )  
 b. US Immigrant b. Divorced ( ) on \_\_\_\_\_  
 c. Other \_\_\_\_\_ c. Widower ( ) on \_\_\_\_\_

**Groom's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(B) Bride's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel # ( )** \_\_\_\_\_  
**Residential Status:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Muslim by Birth: Yes ( ) No ( )**  
 (Check One) (Check One) If no, accepted Islam on \_\_\_\_\_  
 d. US Citizen ( ) a. Single ( )  
 e. US Immigrant b. Divorced ( ) on \_\_\_\_\_  
 f. Other \_\_\_\_\_ c. Widowed ( ) on \_\_\_\_\_  
**Parents/Wali consented:** ( ) Yes ( ) No **If no, please explain** \_\_\_\_\_  
**Name of Father/Wali:** \_\_\_\_\_ **Tel # ( )** \_\_\_\_\_

**Mahr as agreed: Now** \_\_\_\_\_ **Later:** \_\_\_\_\_

**Bride's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(C) Place of Marriage:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Marriage License #** \_\_\_\_\_ **Issued on** \_\_\_\_\_ **By:** \_\_\_\_\_ **County, State of:** \_\_\_\_\_

**(D) Witness #1. Name:** \_\_\_\_\_ **Witness #2. Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Tel # ( )** \_\_\_\_\_ **Tel # ( )** \_\_\_\_\_