



ICNE

The Islamic Center of New England

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Marriage Application

Marriage Information

Date: _____

Time: _____

Place: _____

Marriage Application

Groom's Name: _____

Father of the Groom's Name: _____

Mother of the Groom's Name: _____

Bride's Name: _____

Father of the Bride's Name: _____

Mother of the Bride's Name: _____

Wali of the Bride's Name (if any): _____

Witness 1

Name: _____

Address: _____

Witness 2

Name: _____

Address: _____

Mahr Amount

Advanced \$ _____

Delayed \$ _____

Please provide a Phone Number to contact in case of an emergency on the day of Nikah, the number should be reachable at any given time # _____