



In the Name of Allah, Most Gracious, Most Merciful
MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA
(Member of Islamic Society of North America)
4305 NW 183rd St. Miami (305) 624-5555

MARRIAGE FORM

Date _____

Place _____

PARTICULARS OF BRIDE:

Name _____

Father's Name _____

Address _____

Date of Birth _____ Identification _____

Place of Birth _____ Nationality _____

PARTICULARS OF BRIDEGROOM:

Name _____

Father's Name _____

Address _____

Date of Birth _____ Identification _____

Place of Birth _____ Nationality _____

Particulars of Marriage License

State of Florida Marriage License Application no.: _____

Date of issuance: _____

Signature of Bride

Signature of Bridegroom

Witnesses:

I, _____, testify that the above marriage Contract has been concluded under the officiation and according to the teachings of Islam, in testimony hereof, I sign my name.

Marriage Officiant