



In the name of Allah, the most Beneficent, the most Merciful
MCC Religious Affairs Committee
 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 and on the same day of issue of the license.
3. Copy of marriage license must be received by MCC at least 2 days before Nikah and original must be presented at the time of Nikah. Sign and date this form after Nikah is performed.
4. Identification of groom, bride and witnesses must be presented at the time of Nikah.
5. Service Charges: \$200/- If Performed at MCC/MEC | \$400/- Outside | Check payable to: MCC

Groom	Bride
Name: _____ Age: _____ Address: _____ <small>(Street Number & Name)</small> _____ Phone No. _____ <small>(City & ZipCode)</small> Residential Status: _____ Marital Status: _____ <small>(Check One) (Check One)</small> • US Citizen <input type="checkbox"/> • Single <input type="checkbox"/> • US Immigrant <input type="checkbox"/> • Divorced <input type="checkbox"/> on: _____ • Other _____ • Widower <input type="checkbox"/> on: _____ Muslim By Birth: Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", accepted Islam on: _____ Signature: _____ Date: _____	Name: _____ Age: _____ Address: _____ <small>(Street Number & Name)</small> _____ Phone No. _____ <small>(City & ZipCode)</small> Residential Status: _____ Marital Status: _____ <small>(Check One) (Check One)</small> • US Citizen <input type="checkbox"/> • Single <input type="checkbox"/> • US Immigrant <input type="checkbox"/> • Divorced <input type="checkbox"/> on: _____ • Other _____ • Widow <input type="checkbox"/> on: _____ Muslim By Birth: Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", accepted Islam on: _____ Signature: _____ Date: _____
Venue: _____ <small>(Location of Marriage)</small> Address: _____ <small>(Street Number & Name)</small> _____ Phone No. _____ <small>(City & ZipCode)</small> Day: _____ Date: _____ (AH) Time: _____ Date: _____ (AD) Marriage License No. _____ Issued on _____ By _____ County, State of _____ <small>(County Name)</small>	Name of Father / Wali: _____ Phone No. _____ Father / Wali Consented: Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", please explain: _____ Mahr as agreed: Now _____ Later _____
Witness #1 Name: _____ Address: _____ <small>(Street Number & Name)</small> _____ Tel #: _____ <small>(City & ZipCode)</small> Signature: _____ Date: _____	Witness #2 Name: _____ Address: _____ <small>(Street Number & Name)</small> _____ Tel #: _____ <small>(City & ZipCode)</small> Signature: _____ Date: _____
Marriage Officiant: _____ Service Charges: \$ _____ Receipt # _____ Date: _____ <small>(Check/Cash)</small> Date marriage license mailed to County: _____ MCC marriage certificate #: _____ Date issued to party: _____ Chairman/Co-Chairman _____	