

MHIA Shahada Acknowledgment Form

Mid-Hudson Islamic Association (MHIA)

125 All Angels Hill Road, Wappinger Falls, NY 12590

www.mhiawappingers.com

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Declaration of Faith

☐ I affirm that I have freely and voluntarily declared the Shahada:

"I bear witness that there is no god but Allah, and I bear witness that Muhammad is His servant and final messenger."

Voluntary Decision Confirmation

Please check each statement:

☐ I am embracing Islam of my own free will, without any pressure, force, or coercion.

☐ No one has offered me money, marriage, immigration benefits, or any other incentive to accept Islam.

☐ I understand this decision is a personal spiritual commitment between myself and Allah (God).

☐ I understand I may seek guidance and community support, but I remain personally responsible for my life choices and obligations.

Acknowledgment & Waiver

- I understand MHIA's role is limited to religious guidance and community support.

- I acknowledge MHIA is not responsible for my personal, financial, immigration, marital, or legal matters.

- I understand that all conduct at MHIA is subject to the MHIA Code of Conduct.

- I release MHIA, its Board, Imam(s), and volunteers from any liability related to my personal decision to embrace Islam.

Signature

I confirm that I have read, understood, and agreed to the above statements.

Signature of New Muslim: _____ Date: _____

Witness (Imam): _____ Date: _____