

MHIA Nikah Request Form

Mid-Hudson Islamic Association (MHIA)
125 All Angels Hill Road, Wappinger Falls, NY 12590
www.mhiawappingers.com

Groom's Information

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Bride's Information

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Wali / Guardian (if applicable)

Full Name: _____

Relationship to Bride: _____

Phone: _____

Witnesses (Two Required)

1. Full Name: _____ Phone: _____

2. Full Name: _____ Phone: _____

Declarations

- ☐ We confirm that this Nikah is being entered into freely and without coercion.
- ☐ We understand MHIA facilitates the Islamic religious ceremony only.
- ☐ We acknowledge that MHIA is not responsible for civil marriage registration or related legal requirements.
- ☐ We agree that MHIA, its Imam(s), Board, and volunteers are not liable for any disputes or issues that may arise after the Nikah.
- ☐ We agree to abide by MHIA's Code of Conduct during all Nikah-related events.

Signatures

Groom: _____ Date: _____

Bride: _____ Date: _____

Wali/Guardian (if required): _____ Date: _____

Witness 1: _____ Date: _____

Witness 2: _____ Date: _____

Imam (Officiant): _____ Date: _____