



"In the Name of Allah, The Most Beneficent, The Most Merciful"
ISLAMIC ASSOCIATION OF SASKATCHEWAN – MOOSE JAW

73 Lancaster Road, SK, S6J 1M8 Moose Jaw

Phone: (306) 631-2567

Email: imam@iasmoosejaw.com

Prospective Husband and Wife Marriage (Nikkah) Information Form

(Nikkah Fee: \$300 for Moose Jaw Residents, \$350 for Outside Moose Jaw Residents)

Please fill out the requested information before the Nikkah day.

Prospective husband's information:

First, Middle and Family Name: _____

Father's full name: _____

Mother's full name: _____

Religious affiliation: Sunni / Shiah _____

Date of Birth (DD/MM/YYYY): _____

Place of Birth and Country: _____

Are you a Canadian Citizen or Permanent Resident? _____

Other Nationality if not Canadian _____

Current marital status: (Check one) Single ☐, Married ☐, Divorced ☐, Widower ☐.

Postal address: _____

City: _____ Postcode: _____ Province: _____

Home phone: _____ Cell phone: _____

Email address: _____



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Prospective Wife's information:

First, Middle and Family Name: _____

Father's full name: _____

Mother's full name: _____

Religious affiliation: Sunni / Shiah _____

Date of Birth (DD/MM/YYYY): _____

Place of Birth and Country: _____

Are you a Canadian Citizen or Permanent Resident? _____

Other Nationality if not Canadian _____

Current marital status: (Check one) Single ☐, Married ☐, Divorced ☐, Widower ☐.

Postal address: _____

City: _____ Postcode: _____ Province: _____

Home phone: _____ Cell phone: _____

Email address: _____

Nikkah (marriage) Date:

We would like our Nikkah to be on (DD/MM/YYYY): _____

Day: _____



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Dowry-Mahr:

Please check the most appropriate box regarding the dowry:

The prospective wife must be given the agreed dowry:

- ☐ Whenever her husband is financially able to give it.
- ☐ Whenever she requests that it be given.
- ☐ Whenever either of the preceding two options occurs.

(Please email the form to imam@iasmoosejaw.com or drop to the address above)

For Office use only:

Recipient of the bride and groom information: _____

Date of receipt: _____

Fee paid: Yes /No \$ _____