



ISLAMIC CENTER OF EL PASO

MARRIAGE APPLICATION

Bridegroom Information: *Marriage status* Single *Divorce* *Married*

Full Name _____
Date of Birth _____ Social Security # or Driver's License # _____
Current Address _____
City _____ State _____ Zip Code _____ Phone # () _____

Bride Information: *Marriage status* Single *Divorce* *Married*

Full Name _____ Religion _____
Date of Birth _____ Social Security # or Driver's License # _____
Current Address _____
City _____ State _____ Zip Code _____ Phone # () _____

Mehr/Dowry Information:

Please briefly describe what the Mehr/Dowry will be:

Will the Mehr/Dowry be:

Deferred
Entirely

Paid at the time of Marriage

or specify what is to be paid at the time of the marriage and what is deferred below:

Paid: _____ Deferred: _____

Guardian/Wali Information:

Full Name _____ Relationship to the Bride _____
Current Address _____
City _____ State _____ Zip Code _____ Phone # () _____

Witness Information:

First Witness - Full Name _____
Current Address _____
City _____ State _____ Zip Code _____ Phone # () _____

Second Witness - Full Name _____
Current Address _____
City _____ State _____ Zip Code _____ Phone # () _____