Islamic Society of Tampa Bay Area

7326 E. Sligh Ave. Tampa, FL 33610
(813) 628-0007

Groom Information Form

Please complete this form and submit it to ISTABA's office prior to your marriage appointment. **PRINT CLEARLY**

First Name:
Middle Name:
Last Name:

Street Address:
City:
State: Zip:
Tel: - -

Date of Birth: Month _____ Day _____ Year _____

Last four digits of Social Security No.:

Place of Birth:
Citizenship:
Religion:

Married Before: ☐No ☐Yes

Total amount oh Mahr (dowry): _____

Advanced amount of Mahr: _____

Postponed amount of Mahr: _____

Important Note: Currency is assumed to be in USD (United States Dollars) unless another type of currency is specifically listed.

☐ I have obtained or will obtain a marriage license from my county's Clerk of The Circuit Court.

Marriage License No.: _____

To which address would you like to have a copy of your Islamic marriage contract sent:
☐ Bride's Address
☐ Groom's Address
☐ I will pick it up (please allow three business days for processing)

PLEASE MAKE SURE THAT YOU HAVE FILLED OUT THIS FORM CLEARLY AND COMPLETELY TO AVOID MISTAKES IN YOUR CONTRACT

OFFICE USE ONLY:
NOTES: _____
_____
_____
_____