



**ISLAMIC CENTER OF BATON ROUGE
NIKAH SERVICE**

GROOM INFORMATION

Name: _____
First Name Last Name

Phone Number: _____ Date of Birth: _____

BRIDE INFORMATION

Name: _____
First Name Last Name

Phone Number: _____ Date of Birth: _____

NIKAH DETAILS

Requested Date of Nikah:

Location (if not at ICBR):
