

New Shahadah Registration

In the name of Allah, the Most Compassionate, the Most Merciful

AsSalaamuAlaykum & Welcome to IRHSCA

Please provide us with some information about you so we can keep in touch

General Information		Date Completed: _____	
Full Name			
Cell Phone			
Home Phone			
Email Address			
Date of Birth	____/____/____	Age	
Home Address			
Occupation			
Married Single Divorced Looking		Marital Status	
Are you currently enrolled in school? Yes No	If so, what school do you attend?		
Parent/Guardian Information (if under 18 years of age)			
Mother's Full Name	Father's Full Name		
Mother's Phone	Father's Phone		
Mother's E-mail Address	Father's E-mail Address		

For Office Use Only:

Administer of the Shahadah: _____ Date: _____

Witness #1: _____ Date: _____