SHAHADAH CERTIFICATE APPLICATION FORM

IMPORTANT NOTES

Shahadah Certificate: The Shahadah certificate (Certificate of Embracing Islamic Faith) is issued only after the applicant embraces the Islamic Faith by their own free will and has been informed of their rights and obligations as a Muslim.

Appropriate IDs Required: Acceptable IDs include an original UK photo driving license, passport, or official government-issued photo ID. Please note that NUS/student cards, birth certificates, or utility bills are NOT accepted. Bring the original IDs when submitting the form. We will photocopy the IDs and return them to you the same day. Photocopies of originals are NOT accepted.

Application Process: Your application will be processed, and necessary enquiries will be made. Upon approval, the applicant will be contacted with an appointment time to take their Shahadah and which point a Shahadah Certificate will be granted. If the application is rejected, the applicant will be notified and informed of the reasons for rejection.

Submission Hours: The Shahadah Certificate Application form is accepted during administration hours (Monday-Sunday from 10am – 7pm).

Response Requirement: Failure to respond to the centre's attempts to contact you regarding your application will result in the termination of your application, loss of your application fee, and disposal of copies of supporting documents after 4 weeks from the date of submission.

Assistance: For help with filling out this form, please contact 01383 229479 or info@greendomemosque.org.uk.

Submission: Completed forms can be emailed or handed into the mosque. This is a free service.

Thank you for your understanding and cooperation.

SECTION A: APPLICANT'S DETAILS

1. Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Forenames: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Muslim name chosen (if applicable): _____

3. Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Town: ☐☐☐☐☐☐☐☐☐☐☐☐   County: ☐☐☐☐☐☐☐☐☐☐☐☐

Post Code: ☐☐☐☐☐☐☐☐☐☐☐   Country: ☐☐☐☐☐☐☐☐☐☐☐☐

Phone: ☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Date of birth: _ _ / _ _ / _ _ _ _   Nationality:_____   Proof of ID:_____

5. **Shahadah details:**

Date of Shahadah: _ _ / _ _ / _ _ _ _ Was place of Shahadah at GDM: YES ☐ NO ☐

If answered NO, Shahadah will have to be undertaken again at GDM before Certificate is issued

SECTION B: DETAILS OF PLACE OF SHAHADAH

1. Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Town: ☐☐☐☐☐☐☐☐☐☐☐☐   County: ☐☐☐☐☐☐☐☐☐☐☐☐

Post Code: ☐☐☐☐☐☐☐☐☐☐☐   Country: ☐☐☐☐☐☐☐☐☐☐☐☐

Phone: ☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SECTION C: FIRST WITNESS

PLEASE NOTE THAT BOTH WITNESSES MUST BE MUSLIMS

1. Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Forenames: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Town: ☐☐☐☐☐☐☐☐☐☐☐☐   County: ☐☐☐☐☐☐☐☐☐☐☐☐

Post Code: ☐☐☐☐☐☐☐☐☐☐☐   Country: ☐☐☐☐☐☐☐☐☐☐☐☐

Phone: ☐☐☐☐☐☐☐☐☐☐☐☐   Nationality:_____

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(1ˢᵗ Witness) Sign: _____   Date: ____ / ____ / _____

SECTION D: SECOND WITNESS:

1. Surname: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Forenames: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

2. Address: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Town: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ County: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Post Code: ⬚⬚⬚⬚⬚⬚⬚⬚ Country: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Phone: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ Nationality: _____

Email: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

(2ⁿᵈ Witness) Sign: _____ Date: ____ / ____ / _____

CHECKLIST: PLEASE TICK AS APPROPRIATE

☐ I have read and understood the application notes prior to filling the form.

☐ To the best of my knowledge I have filled this form accurately.

☐ I have affixed the required proof of Photo ID.

☐ I can confirm that both Witnesses are Muslims.

Green Dome Mosque reserves the right to withdraw or refuse any application if it deems necessary.

Data protection: In accordance with the General Data Protection Regulation, data collected will be used exclusively for the purpose of producing your Shahadah (Declaration) certificate. GDM will treat your information with utmost respect and will not share or sell your data.

By signing below, you understand that Green Dome Mosque has a legitimate interest to collect and process your personal data in order to meet mandatory requirements. Furthermore, you agree that Green Dome Mosque may process your information for the purpose of which it was intended for in accordance with our privacy notice. For further details please refer to our privacy notice on our website, under Documents.

(Applicant) Sign: _____ Date: ____ / ____ / _____

OFFICE USE ONLY:

Date form received: ____ / ____ / _____ Date form processed: ____ / ____ / _____

Form received by: _____ Form processed by: _____

☐ IDs checked and photocopied ☐ Form Approved ☐ Form Rejected ☐ Payment received

Date of approval: ____ / ____ / _____ **Shahadah Certificate number:** _____

Reason(s) if rejected: _____