



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

The Nation's Mosque  
MASJID MUHAMMAD, INC

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With Allah's Name, Ther Merciful Benefactor, The Merciful Redeemer

MASJID MUHAMMAD

NEW SHAHADA INFORMATION FORM

As-Salaam Alaikum!

Please complete this form in full, giving specific and detailed information where necessary. This information will be handled with respect to everyone's privacy. **Please print clearly.**

DATE YOU TOOK SHAHADA/accepted AL-ISLAM: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Legal Name (if different from above): \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Spouse name: \_\_\_\_\_

Children? \_\_\_ Yes ( list name/age below) \_\_\_ No

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Closest relative: (Name/Relationship/Address/Phone)

\_\_\_\_\_

Highest Level of Education Completed: \_\_\_High School \_\_\_College \_\_\_Graduate \_\_\_Post Graduate

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Length of Employment \_\_\_\_\_

Responsibilities/Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Skills:

\_\_\_\_\_

Interests:

\_\_\_\_\_

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Signature

Date