



20 Cashel Avenue
Athlone, 7764
Tel: 021 684 4605/0
Fax: 086 690 1155

مجلس القضاة الاجتماعي
بالتعاون مع
وزارة الشؤون الإسلامية
والدعوة والإرشاد



Muslim Judicial Council (SA) Social Development Department

SDD 008

www.mjc.org.za
sdd@mjc.org.za

DECLARATION OF FAITH FORM

SECTION A: PARTICULARS OF THE REVERT (ATTACH A COPY OF THE ID)

Name & Surname (as per ID):

ID number (Passport no. if Foreigner):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Postal address:

Work Telephone:

Home Tel:

Cell Phone:

E-mail:

Age:

Occupation:

SECTION B: DECLARATION

I, the undersigned....., ID no.
"Bear witness that there is no God worthy of worship other than Allah & I bear witness that Muhammad is the last and final Messenger of Allah."

Furthermore, knowing the full implications of my deeds and actions, and being aware of the importance of the step I am taking with regards to my religion, out of my own free will, hereby accept Islam as my religion and way of life. I also declare:

1. I have chosen the following first name for myself:
2. In the event of my death, I wish to be buried according to Muslim rites.
3. All my possessions should be distributed according to the Islamic law of Inheritance.
4. I declare under the prescribed oath that the above statements are true and correct and binding on my conscious.

Signature of deponent:

Signed on this day _____, the _____ of _____ in the year _____.

SECTION C: PARENT/GUARDIAN (IF REVERT IS A MINOR IN TERMS OF SA LAW)

Full names & surname:

ID Number (Passport if foreigner)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact no.

Signature:

SECTION D: WITNESS

Full names & Surname:

Contact no.

Signature:

Full names & Surname:

Contact no.

Signature:

SECTION E: PARTICULARS OF THE PRESIDING OFFICER

Full name/s & surname (incl. title):

Contact no.:

Name of Masjid:

Signature:

Stamp:

يرجى أخذ العلم بأن الشخص المذكور عاد إلى دين الإسلام، وشكرا جزيلا لكم

Onwards.....towards an exemplary society