

# County of Douglas, State of Nevada

## APPLICATION FOR A SINGLE CEREMONY CERTIFICATE OF AUTHORITY TO SOLEMNIZE A MARRIAGE IN THE STATE OF NEVADA

1. \_\_\_\_\_  
Full Name of Applicant Nickname or Alias used
2. \_\_\_\_\_  
Residence Address City State Zip
3. \_\_\_\_\_  
Mailing Address City State Zip
4. \_\_\_\_\_  
Date of Birth Place of Birth Social Security Number
5. \_\_\_\_\_  
Telephone # (Residence) Cell Phone Notary Public Certificate Number (if applicable)
6. Date of ordination if minister or appointment date if notary public: \_\_\_\_\_

**(If you are a notary public in the State of Nevada applying for a certificate, skip items 7, 8, and 9.)**

7. Name and address of the church or religious organization you are currently affiliated with: \_\_\_\_\_  

Name	Address	City	State	Zip	Phone #
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8. Are you presently in good standing with your church or religious organization?  Yes  No
9. If presently retired, list name(s) and address(es) of religious organization(s) for which you had active charge within your state in the last three years.  
\_\_\_\_\_  

Address	City	State	Zip
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10. Have you ever been convicted of a felony?  Yes  No  
If yes, specify: a. Date of Conviction: \_\_\_\_\_ b. Place of Conviction: \_\_\_\_\_
11. Have you ever had a previous Certificate of Permission denied or revoked?  Yes  No  
If yes, where? \_\_\_\_\_ when? \_\_\_\_\_
12. Please mark the appropriate response (failure to mark one of the three will result in denial of application).

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order, for the repayment of the amount owed pursuant to the order; or

I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

13. Wedding ceremony information pertaining to this one-time certificate application:

Date of ceremony: \_\_\_\_\_ Location: \_\_\_\_\_  
Bride's full name: \_\_\_\_\_ Groom's full name: \_\_\_\_\_  
Bride's address: \_\_\_\_\_ Groom's address: \_\_\_\_\_

I hereby acknowledge that I am subject to the jurisdiction of the Douglas County Clerk with respect to the provisions of NRS 122 governing the conduct of persons authorized to solemnize a marriage in the state of Nevada.

**X** \_\_\_\_\_  
**Signature of Applicant**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn according to law, deposes and says: That he/she is the applicant in the above *Application for Certificate of Authority to Solemnize Marriages in the State of Nevada*, that he/she has read the foregoing application and knows the contents thereof, that the same are true of his/her own knowledge, except for such matters therein stated on information and belief and as to those matters, he/she believes them to be true.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**NOTE: IT IS UNLAWFUL TO  
PERFORM MARRIAGES PRIOR  
TO THE ISSUANCE OF A  
CERTIFICATE**

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

State of \_\_\_\_\_ )
) ss.
County of \_\_\_\_\_ )

The \_\_\_\_\_ is organized and carries on
(name of church or religious organization)
its work in the State of \_\_\_\_\_. Its active meetings are located at
(state)

\_\_\_\_\_. The \_\_\_\_\_
(street address, city, state) (name of church or
religious organization) hereby finds that \_\_\_\_\_
(name of minister or person)
is in good standing and is authorized by the
authorized to solemnize marriages)
(name of church or religious organization)

I am duly authorized by \_\_\_\_\_
(name of church or religious organization)
to complete and submit this affidavit.

Signature of Official Printed name of Official
Title of Official Address of Official
City, State, Zip of Official Telephone number of Official

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ day of the month of
\_\_\_\_\_ of the year \_\_\_\_\_.
\_\_\_\_\_ Notary Public for \_\_\_\_\_
(name) (county and state)