County of Douglas, State of Nevada application for a certificate of authority to solemnize marriages in the state of nevada

1.	27								Full	
	Name of Applicant				Nickname or Alias used					
2.	Residence Address			City		State		Zip		
3.	Mailing Address			City		State		Zip		
4.			Place of Birth			Social Security Number				
_						Social Security Number				
5.	Telephone # (Residence or cell)		Emai	Email		Notary Public Certificate Number (if applicable)				
6.	Date of ordination if minister or appointment date if notary public:									
								e, 9, and 10) currently	affiliated	
	with:Nam	ıe	Address		City	State Z	ip	Phone #		
8.	Date the church Nevada:				incorporated,	organized	or establ	ished in the	State of	
9.	Are you presently	in good st	anding with	your (church or re	ligious orga	anization?	Yes	No	
10.	. If presently retired, I this state within the			s) of rel	igious organiz	cation(s) for	which you l	nad active cha	rge within	
	Address			Ci	ty	Stat	ie e	Zip		
11.	. Have you ever been a lf yes, specify: a. l	convicted of Date of Conv	a felony? iction:	Yes	No b. Place	of Conviction	on:			
12.	. Have you ever had a If yes, where?									
13.	. Please mark the app	ropriate resp	oonse (failure t	to mark	one of the th	ree will resu	ılt in denial	of application).	
	I am not subject to a court order for the support of a child.									
	I am subject to compliance with a plan amount owed pursuant	n approved by	the District At	rt of one torney o	or more childre or other public a	en and I am i	in compliance cing the orde	e with the order r, for the repays	, or I am in ment of the	
	I am subject to plan approved by the pursuant to the order.									
OT ATTE	OD				X					
COUN	; OF TY OF					Sign	ature of Ap	plicant		
applicar the fore	Applicant Name ont in the above Applicate going application and ke stated on information are	<i>tion for Certif</i> nows the con	<i>icate of Authori</i> tents thereof, th	<i>ty to S</i> onat the	olemnize Marria same are true	<i>iges in the S</i> of his/her ov	State of Neva vn knowledg	da, that he/she	e has read	
	X							<u></u>		
SUBSCRIBED AND SWORN TO BEFORE ME				Signature of Applic						
this _	day of	,20				1	PERFORM	S UNLAWFUL MARRIAGES SUANCE OF A	PRIOR	
Notary	Public/Deputy Clerk						CERTIFICA		•	

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

State of	
County of) ss.	
The	is organized and carries on
its work in the State of (state). It	
(street address, city, state)	The (name of church or
religious organization) hereby fi	nds that
is in good authorized to solemnize marriages)	d standing and is authorized by the
I am duly authorized by	
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	re me thisday of the month of
of the year	
Notary Pu	blic for (county and state)