

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 or cell) _____ Email _____ 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 # _____

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 _____

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: _____

Participant One's full name: _____ Participant two's full name: _____

Participant One's address: _____ Participant two'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.

STATE OF _____
COUNTY OF _____

X _____
Signature of Applicant

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.

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME
this _____ day of _____, 20 _____

Notary Public/ Deputy Clerk

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

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

State of _____)
County of _____) ss.

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

_____. 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 _____.

(name) Notary Public for _____
(county and state)