

County of Eureka, State of Nevada
Religious Official

**APPLICATION FOR A CERTIFICATE OF PERMISSION
TO PERFORM MARRIAGES IN THE STATE OF NEVADA**

Full Name of Applicant (*First, Middle, Last, Suffix*)

Nickname of Aliases Used

Maiden Name (*If Applicable*)

Resident Physical Address

City

State

Zip Code

Mailing Address, *If Different*

City

State

Zip Code

Date of Birth

Place of Birth

Social Security Number

Phone Number#

Alternate Phone #

E-Mail Address

Date of licensure, ordination, appointment or authorization by church or religious organization: _____

Name of church or religious organization

Physical Address

City

State

Zip Code

Mailing Address, if Different

City

State

Zip Code

Are you presently in good standing with your church or religious organization? Yes No

Have you been convicted of a felony, been release form confinement or completed parole or probation, whichever occurs later, within the last 10 years? Yes No

Please mark the appropriate response (failure to mark one of the three will result in denial of the 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.

I hereby certify by my signature below that my ministry is one of service to my church or religious organization of if retired, that my active ministry was of such nature. Further, I hereby acknowledge that I am subject to the jurisdiction of the Eureka

County Clerk Recorder with respect to the provisions of NRS 122 governing the conduct of ministers or other religious official authorized to perform a marriage.

Signature of Applicant

VERIFICATION

State of Nevada)
) ss:
County of Eureka)

_____, being first duly sworn to law, deposes and says;

That _____ he/she is the Applicant in the foregoing *Application for a Certificate of Permission to Perform 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 to those matters _____ he/she believes them to be true.

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME

this _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC
(Notary Stamp)

**NOTE IT IS UNLAWFUL TO PERFORM MARRIAGES
PRIOR TO THE ISSUANCE OF A CERTIFICATE OF AUTHORITY
TO SOLEMNIZE MARRIAGES IN THE STATE
OF NEVADA**

County of Eureka, State of Nevada
AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES
FOR CHURCHES AND RELIGIOUS ORGANIZATIONS

STATE OF NEVADA)
)ss:
COUNTY OF EUREKA)

The _____ (church or religious organization) is organized and carries on its work in the State of Nevada. Its active meetings are conducted at _____ (street address, city or town). The said church or religious organization hereby finds that _____ (name of minister or other person authorized to solemnize marriages) is in good standing and is authorized by _____ (name of church or religious organization) to solemnize marriages.

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

I shall notify the Eureka County Clerk Recorder, in writing, by submitting an Affidavit of Revocation of Authority to solemnize Marriages within five (5) days following any one or more of the occurrences listed below:

1. If minister or other person authorized to solemnize marriages is no longer in good standing as herein stated;
2. If minister or other person authorized to solemnize marriages has ceased to be a member of the church or religious organization;
3. If the minister or other person authorized to solemnize marriages has ceased to be a minister or other person authorized to solemnize marriages of the church or religious organization;
4. If the minister or other person authorized to solemnize marriages moves his/her residence from Eureka County;
5. If the aforementioned church or religious organization changes address or location; or
6. If the church or religious organization is dissolved or otherwise terminated or changes existence.

STATE OF NEVADA)
)ss:
COUNTY OF EUREKA)

_____, being first duly sworn according to law, deposes and says that he/she is the church or religious organization official.
Subscribed and sworn before me

This _____ day of _____, 20____

Signature of Notary Public
(Notary Stamp)

Signature of Official

Name of Official (type or print name)

Title of Official

Address

City, State and Zip Code

Telephone Number

County of Eureka, State of Nevada

WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application to Solemnize Marriages in the State of Nevada pursuant to NRS 122.064, subsection 3 (c), I hereby authorize Katherine J. Bowling, Eureka County Clerk Recorder, and the Eureka County Sheriff's Office to perform a back ground check (including future screening for retention, if applicable, and unless revoked by applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the Eureka County Clerk Recorder as a sound business practice, but also for the benefit of the public. It is no reflection on an applicant. The report consists of information deemed to have a bearing on the decision to grant authorization to solemnize marriages in the State of Nevada, and may include information from public and private sources and public records. The scope of the report may include information concerning civil and criminal court records, identity, past addresses and social security number and is conducted in accordance with applicable federal and state laws.
2. All reports are confidential, and provided to the Eureka County Clerk Recorder for decisions concerning authorization to solemnize marriages only.
3. I may review or obtain a copy of the report as provided by law.
4. I authorize and release all of the above people, companies, municipal, county, state and federal agencies and court to provide all information that is requested to the Eureka County Clerk Recorder or the Eureka County Sheriff's Office.
5. I further release all of the above, including the Eureka County Clerk Recorder and Eureka County Sheriff's Office, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

I hereby consent and authorize the Eureka County Sheriff's Office, on the Eureka County Clerk Recorder's behalf, to prepare each report as defined above to assist in making decisions relating to granting authorization to solemnize marriage in the State of Nevada, before such decision to grant authorization or any time after such authorization.

I understand that I have a right to receive a copy of this authorization and acknowledge that I have received a copy of it.

STATE OF NEVADA)
)ss:
COUNTY OF EUREKA)

Signature of Applicant

Printed Full Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME
This _____ day of _____, 20____

Signature of Notary Public
(Notary Stamp)

COURTS AND THEIR ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY.

_____ Last Name	_____ First Name	_____ Middle Name	_____ Social Security Number
Date of Birth ____/____/____ Mo/day/year	_____ Former Names	_____ Date of Name Change	
_____ Name on Driver' License	_____ Driver's License Number	_____ State of Issue	



Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

To Obtain a Copy of Nevada Criminal History Records (DPS-006)

The Nevada Criminal History Repository provides personal criminal history record information for the State of Nevada *only*. We cannot provide information for other states or the Federal Bureau of Investigation (FBI). In order to obtain your State of Nevada record, or proof that one does *not* exist, please follow the instructions below.

Who may request a copy of Nevada Criminal History Record Information (or proof that a record does *not* exist).

- Only the subject of the identification record can request a copy of his or her own Nevada Criminal History Record Information.

Please follow the instruction below on how to request a copy of Nevada Criminal History Record Information (or proof that a record does *not* exist).

1. Complete the Identification File Request for Nevada Records of Criminal History Form, DPS-006 (PID) on page 3. Please note, if for a couple, family, etc., all persons must obtain their own packet and complete the DPS-006 form in its entirety.
2. Obtain proof of identity via 1 fingerprint card complete with name, date of birth (DOB), place of birth (POB), sex, race, height, weight, hair color, and eye color. Fingerprints should be placed on a standard fingerprint card FD-258. Please note that the fingerprint card must contain all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions) and your signature must be on the card. Fingerprints must be taken, dated, and signed by a certified fingerprinting technician. Only an original card will be accepted, please do not submit copies or previously processed cards.
3. Payment in the amount \$27.00 (US dollars), per applicant, is required. Payment can be made in the form of Money Order or Certified Check made out to the Nevada Department of Public Safety.
 - Money Orders and Certified Checks must be for the exact amount and signed where required.
 - No personal checks or cash will be accepted.
 - If for a couple, family, etc., please include \$27.00 (US dollars) for each applicant.

4. Please staple all of the items indicated in #1, #2 and #3 (listed above) together and return to the address indicated below:

Department of Public Safety
Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

Company Name: _____
Attention: _____
Address: _____
City, State and Zip Code: _____

NOTE *If any of the above items are missing or incomplete, the request will be returned.*

All information required unless otherwise stated.

Type or Print legibly - unreadable documents may be returned.

Please allow approximately 45 days for processing, upon receipt by the Repository.

5. What you will receive when the process is complete:
- State Negative Record Response – a letter indicating that no State of Nevada Record was found.
- or
- State Positive Record Response – a letter indicating that a State of Nevada Record was located, along with the complete content of that record.



**IDENTIFICATION FILE REQUEST FOR STATE OF NEVADA
RECORDS OF CRIMINAL HISTORY FORM (DPS-006)**

I hereby authorize the State of Nevada Criminal History Repository to disclose criminal history record information, if any, within my identification file to me or the person or entity indicated below:

Please indicate the full name, address and contact information of the individual to be searched below (to be completed by the subject of the record).

All information is REQUIRED unless otherwise stated.
Type or Print legibly. Incomplete and/or unreadable documents may be returned.

First Name: _____ Middle Name: _____

Last Name: _____

Mailing Address: _____
Street Address (P.O. Boxes are not accepted)

_____ *City, State and Zip Code*

Contact Phone #: () _____

Contact Email: _____

Signature of Subject of Record Search

Date of Birth

Date Signed

Please ensure mailing address is valid and accurate. **Due to the confidential nature of this response, mail cannot be forwarded.** If a change of address is needed a new DPS-006 Form will need to be submitted.

Respond to: Eureka County Clerk Recorder

Mailing Address: 10 S. Main St
Street Address (P.O. Boxes are not accepted)

Eureka, NV 89316-0540
City, State and Zip Code

Please indicate reason for request: Applying for Marriage Of f ficiant

To obtain a duplicate response, the request must be within 90 days from the original date processed.

*The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A **\$27.00 certified check or money order** made payable to the Department of Public Safety must accompany each request.*