

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 of religious organization? Yes ☐ No ☐

Have you been convicted of a felony, been release from 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 or 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)

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| <p>NOTE IT IS UNLAWFUL TO PERFORM MARRIAGES PRIOR TO THE ISSUANCE OF A CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA</p> |
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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 Lisa Hoehne, 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.

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|---|-----------------------|----------------------------------|---------------------------------|
| _____ 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 |