MINISTER OR OTHER PERSON AUTHORIZED
TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA
CHANGE OF ADDRESS

1. _____ _____
Name of Certificate Holder E-mail Address

2. _____
Current Residence Address City State Zip Code

3. _____
Residence Mailing Address, if Different City State Zip Code

4. (___)_____ (___)_____
Current Telephone Number **Cell Phone Number**

5. Name and Address of church or religious organization you are **currently** affiliated with:

_____
_____
Address City State Zip Code

6. _____
Church or Religious Organization Mailing Address, if Different City State Zip Code

7. (___)_____
Church or Religious Organization Telephone Number

8. Name and Address of church or religious organization you were **previously** affiliated with:

_____
_____
Address City State Zip Code

9. Are the entities named in Items 5 and 8 above related or affiliated in any way? Yes ☐ No ☐
If yes, please explain_____
_____

10. Effective Date of Change:_____

_____
Signature Print Name & Title Date