

County of Elko, State of Nevada

APPLICATION FOR RETIRED STATUS CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA

1. Full Name of Applicant Nickname or Aliases Used

2. Residence Physical Address City State Zip Code

3. Mailing Address, if Different City State Zip Code

4. Date of Birth Social Security Number E-mail Address

5. Telephone Nos. Residence Religious Organization Cell Phone

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

7. Do you currently have a valid certificate from Elko County? Yes No

8. Name & address of the church or religious organization with which you are currently affiliated:

Name

Physical Address City State Zip Code

Mailing Address, if Different City State Zip Code

9. Date the church or religious organization was incorporated, organized or established in the State of NV:

10. How long did you have active charge of the church or religious organization listed above? If less than 3 years, please list any other organizations you served, when, where and for how long.

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

12. Have you been convicted of a felony, been released from confinement or completed parole or probation, whichever occurs later, within the last 10 years? Yes No If yes, specify the date and place of conviction and what the charges were. (A copy of the disposition of the case must be provided.)

13. Have you ever had a previous Certificate to perform/solemnize marriages removed, revoked or suspended? Yes No If yes, when, where and what were the grounds?

14. 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 certify by my signature below that my active ministry was (or is) one of service to my church or religious organization.

Signature of Applicant

Note that all application paperwork must be submitted and completed within six months or it will be necessary to reapply. Applicants will not be allowed to resubmit application paperwork for six months if the application is denied.

