

OFFICE OF THE WASHOE COUNTY CLERK  
JANIS GALASSINI, COUNTY CLERK

1001 E. 9<sup>th</sup> Street, Bldg. A  
Reno, NV 89512  
Phone (775) 784-7287

RELIGIOUS OFFICIAL  
INSTRUCTIONS FOR PERMANENT CERTIFICATE  
OF PERMISSION TO PERFORM MARRIAGES

**PLEASE NOTE: IT IS UNLAWFUL TO PERFORM MARRIAGES  
BEFORE YOU OBTAIN A CERTIFICATE OF PERMISSION.**

Please include the following documents when applying for authorization:

- \_\_\_\_\_ Application for a Certificate of Permission to Perform Marriages in the State of Nevada  
(**Must be signed before a Notary Public or Deputy County Clerk**)
- \_\_\_\_\_ Affidavit of Authority to Solemnize Marriages. This must be signed by someone in your church or religious organization that has the authority to speak on behalf of your church or religious organization, verify that you are in good standing within that church or religious organization and that you are authorized to perform marriage ceremonies on their behalf. (**This cannot be signed by the applicant and must be signed before a Notary Public or Deputy County Clerk**)
- \_\_\_\_\_ Release and Authorization and **cashier's check or money order in the amount of \$52.00 payable to "Screening One"**, representing the fees for a background investigation. **This fee is non-refundable.**
- \_\_\_\_\_ Photo Identification (i.e. driver's license, passport, etc.)
- \_\_\_\_\_ Application fee of **\$30.00** payable to the Washoe County Clerk's Office.  
(*Money Order, Cashier's Check or Cash only*)

**All paperwork should be returned to this office at the address listed above, Attention: Minister Licensing. The Release and Authorization, together with any money order or cashier's check for \$52.00, will be forwarded to Screening One for the background check. The background check will be completed within approximately 7 business days and the report will be forwarded to the Washoe County Clerk. Upon receipt of the background check report, the County Clerk will review all documents. If everything is in order, the Certificate of Authority to Perform Marriages should be completed within 5 – 7 business days after receipt of the background check report.**

If approved, the Certificate will be mailed to the residence address listed on the Application, along with an information sheet which provides instructions on completing and recording the Marriage Certificate. If you would like to arrange to pick up the Certificate or to have it mailed to a different address, please include the instructions with the Application paperwork. The Certificate cannot be sent via express mail unless a self-addressed, pre-paid express mail envelope is enclosed.

If the Application is not approved, you will receive a letter explaining why it was not granted. Normal processing time for applications is 2 to 3 weeks. **PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING IF YOU ARE TO PERFORM A WEDDING IN THE NEAR FUTURE (sending paperwork 3 - 4 weeks in advance is recommended).**

Paperwork must be filled out completely and properly signed and notarized. **DO NOT LEAVE ANY BLANK SPACES.** Paperwork that is incomplete or incorrect will delay the process and/or may result in the Certificate being denied.

*County of Washoe, State of Nevada*

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

1. \_\_\_\_\_  
Full Name of Applicant - (First, Middle, Last, Suffix)

\_\_\_\_\_  
Nickname or Aliases Used

\_\_\_\_\_  
Maiden Name (if applicable)

2. \_\_\_\_\_  
Residence Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

3. \_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4. \_\_\_\_\_  
Date of Birth

5. \_\_\_\_\_  
Place of Birth

6. \_\_\_\_\_  
Social Security Number

7. \_\_\_\_\_  
Residence Phone #

8. \_\_\_\_\_  
Alternate Phone #

9. \_\_\_\_\_  
E-Mail Address

10. Date of licensure, ordination, appointment or authorization by church or religious organization: \_\_\_\_\_

11. Name & address of the church or religious organization with which you are licensed, appointed or ordained:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Affiliation / Denomination

\_\_\_\_\_  
Church or Religious Organization Phone Number

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mailing Address, if Different

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

12. Name & address of the church or religious organization location in Nevada:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Church or Religious Organization Phone Number

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mailing Address, if Different

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

14. Are you presently in good standing with your church or religious organization? yes: \_\_\_\_\_ no: \_\_\_\_\_

15. 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 \_\_\_\_\_

16. Have you ever had a previous Certificate to perform/solemnize marriages removed, revoked or suspended?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, date: \_\_\_\_\_ location: \_\_\_\_\_ why: \_\_\_\_\_

17. Please mark the appropriate response *(failure to do so will result in the 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 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 repayment of the amount owed pursuant to the order.

18. I hereby certify:

\_\_\_\_\_ that my ministry is one of service to my church or religious organization or, if retired, that my  
initial active ministry was of such a nature.

\_\_\_\_\_ that I am subject to the jurisdiction of the Washoe County Clerk with respect to the provisions of  
initial NRS 122 governing the conduct of marriage officials authorized to perform a marriage.

**VERIFICATION**

**STATE OF \_\_\_\_\_)**

**) ss:**

**COUNTY OF \_\_\_\_\_)**

\_\_\_\_\_, being first duly sworn according to law, deposes and says:  
that he/she is the Applicant in the above Application for Certificate of Permission to Perform Marriage(s) 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 knowledge, except for such matters therein stated on information and belief, and as to those matters he/she believes them to be true. Further, that he/she acknowledges that they are subject to the jurisdiction of the County Clerk with respect to the provisions of NRS 122.062 governing the conduct marriage officials to the same extent as if he were a marriage official residing in this State.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk  
(Affix County Seal or Notary Stamp)

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

## Marriage Official Requirements & Responsibilities

Nevada State Law requires the following when performing a Marriage Ceremony in the State of Nevada:

- THE COUPLE **MUST** OBTAIN A MARRIAGE LICENSE IN THE STATE OF NEVADA **PRIOR** TO THE CEREMONY AND PROVIDE IT TO MARRIAGE OFFICIAL.
- MARRIAGE LICENSES PURCHASED IN THE STATE OF NEVADA ARE ONLY GOOD FOR A CEREMONY IN THE STATE OF NEVADA.
- THE MARRIAGE OFFICIAL **MUST** RECORD THE MARRIAGE CERTIFICATE WITHIN 10 DAYS OF THE MARRIAGE CEREMONY.
- THE MARRIAGE CERTIFICATE **MUST** BE FILED WITH THE RECORDER OF THE COUNTY IN WHICH THE LICENSE WAS PURCHASED.
- ANY CHANGE OF NAME, ADDRESS, PHONE NUMBER OR CONGREGATION MUST BE REPORTED TO THE WASHOE COUNTY CLERK WITHIN 15 DAYS.
- VIOLATIONS OF THE ABOVE MAY CONSTITUTE A MISDEMEANOR OFFENSE AND/OR RESULT IN REVOCATION OF YOUR AUTHORITY TO PERFORM MARRIAGES IN THE STATE OF NEVADA.

### ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read and understand the *Marriage Official Requirements* contained above and further agree that I will comply with all Nevada Revised Statutes regarding the performance of Marriage Ceremonies in the State of Nevada.

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Signature of Applicant

**AFFIDAVIT OF AUTHORITY TO PERFORM MARRIAGES  
FOR CHURCHES AND RELIGIOUS ORGANIZATIONS**

STATE OF NEVADA        )  
  )ss.  
COUNTY OF WASHOE    )

The \_\_\_\_\_  
(name of church or religious organization)

is organized and carries on its work in the State of \_\_\_\_\_. Its active meetings are conducted at  
(State)

\_\_\_\_\_  
(street address, city or town)

The said church or religious organization hereby finds that

\_\_\_\_\_  
(name of minister or other church or religious official authorized to solemnize marriages)

is in good standing and is authorized by the church or religious organization to solemnize a marriage.

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

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

1. If minister or other church or religious official authorized to perform marriages is no longer in good standing as herein stated;
2. If minister or other church or religious official authorized to perform marriages has ceased to be a member of the church or religious organization;
3. If minister or other church or religious official authorized to perform marriages has ceased to be a minister or other religious official authorized to perform marriages of the church or religious organization;
4. If the minister or other church or religious official authorized to perform marriages moves his/her residence from Washoe 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 its existence.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Name of Official (type or print name)

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

**SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME**

this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Deputy Clerk  
(Affix County Seal or Notary Stamp)

OFFICE OF THE WASHOE COUNTY CLERK  
JANIS GALASSINI, COUNTY CLERK

1001 E. 9<sup>th</sup> Street, Bldg. A  
Reno, NV 89520-0027  
Phone (775) 784-7287

RELEASE AND AUTHORIZATION

In connection with my application for a Certificate of Authority to Perform Marriages in the State of Nevada pursuant to NRS 122.064, subsection 3 (c), I hereby authorize Janis Galassini, Washoe County Clerk, and Screening One, Inc. to perform a background screening check (including future screenings 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 Washoe County Clerk 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 authority 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 Washoe County Clerk for decisions concerning authority to perform marriages only.
3. I may review or obtain a copy of my report as provided by law. Screening One, Inc. may be contacted by writing to: Screening One, Inc., 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504.
4. I authorize and release people, companies, municipal, county, state and federal agencies and courts to provide all information that is requested to the Washoe County Clerk or Screening One, Inc.
5. I further release all of the above, including the Washoe County Clerk and Screening One, Inc., 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, \_\_\_\_\_  
(print name legibly)

hereby consent and authorize the Washoe County Clerk and/or Screening One, Inc., on the Washoe County Clerk's behalf, to prepare each report as defined above to assist in making decisions relating to granting authority to perform marriages in the State of Nevada, before such decision to grant authorization or any time after such authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Last Name                                      Middle Name                                      First Name                                      Suffix

\_\_\_\_\_  
Former Names, Nicknames or Aliases Used                                      Maiden Name (if applicable)

\_\_\_\_\_  
Date of Name Change (if applicable)                                      Social Security Number                                      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name on Driver's License                                      Driver's License or I.D. Number                                      State of Issue

**PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS, INCLUDING ZIP CODES.**

\_\_\_\_\_  
Current Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Former Address                                      City                                      State                                      Zip Code                                      From \_\_\_\_ To \_\_\_\_