

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

STATE OF _____)
)ss.
COUNTY OF _____)

The _____
(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 person 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 _____
(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 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 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 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

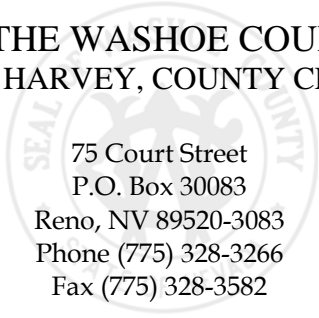
Telephone Number

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
AMY HARVEY, COUNTY CLERK



75 Court Street
P.O. Box 30083
Reno, NV 89520-3083
Phone (775) 328-3266
Fax (775) 328-3582

RELEASE AND AUTHORIZATION

In connection with my application for a Certificate of Authority to Solemnize Marriages in the State of Nevada pursuant to NRS 122.064, subsection 3 (c), I hereby authorize Amy Harvey, 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 solemnize 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. 190th 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 solemnize marriages in the State of Nevada, before such decision to grant authorization or anytime 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)

_____ _____ DOB: ____/____/____

Date of Name Change (if applicable) Social Security Number

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.

_____ _____ _____ _____ From _____ To _____

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