

TO CORRECT AN APPLICATION FOR MARRIAGE LICENSE:

An Affidavit of Correction may be filed with the County Clerk to correct information contained in the Application for a Marriage License. Please note that in the case of a change to name or date of birth, supporting documentation for the correction must be provided to determine if the Affidavit can be filed. If the Application correctly reflects the information as it was presented at the time of issuance, an Affidavit of Correction cannot be filed. You may want to contact our office before filing the Affidavit to ensure you have everything you need. If the Affidavit is filed, it does not change the Application on file, but will be added as a supplemental record and kept in connection with the initial Application.

FORMS: A form Affidavit of Correction has been provided for your convenience [at page three of this link.](#)

FEES: The fee for filing an Affidavit of Correction is \$25.00. (NRS 122.045).

COPIES: To obtain a copy of the Affidavit of Correction include an additional \$1.00 for a regular copy OR \$7.00 for a certified copy.

PAYMENT METHODS: Cashier's Check or Money Order only – no personal checks. For your convenience, we are now accepting credit cards. Simply complete the credit card form included in these instructions and mail it to us with your completed and notarized Affidavit of Correction.

WHERE TO SEND: Send the original, signed and notarized Affidavit of Correction (of a Marriage License Application), with the appropriate payment to:

WASHOE COUNTY CLERK
Marriage & Business Bureau
P. O. BOX 30083
RENO, NV 89520-3083

MORE QUESTIONS: GIVE US A CALL AT (775) 328-3274

For corrections to your [Marriage Certificate \(proof of marriage\)](#) contact:

Washoe County Recorder
Marriage Division
1001 E 9th Street, P. O. Box 11130
Reno, NV 89520-0027
775-328-3661
www.washoecounty.us/recorder

TO PAY BY CREDIT CARD

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR AFFIDAVIT OF CORRECTION.

NAME ON CREDIT CARD: _____

ADDRESS CREDIT CARD BILL IS MAILED TO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if same enter "same"): _____

PHONE NUMBER: _____ E-MAIL: _____

MY METHOD OF PAYMENT IS: VISA MASTERCARD

EXPIRATION DATE: _____ CARD #: _____

Last three digits from the back of your card (by your signature): _____

PLEASE SIGN TO AUTHORIZE THE ABOVE CHARGES

The phone number and e-mail address information will assist us in contacting you if we have any questions. However, these fields are optional. The mailing address is required if you want the copy sent to a different address.

