MINISTER CHANGE OF ADDRESS OR CHANGE OF STATUS FOR A CERTIFICATE OF PERMISSION TO PERFORM MARRIAGES IN THE STATE OF NEVADA

1. _____ _____
Name of Certificate Holder Date Certificate was Issued if Known

2. _____
Current Residence Address City State Zip Code

3. _____
Residence Mailing Address if different City State Zip Code

4. (___)_____ (___)_____
Current Telephone Number **Cell phone # if applicable**

5. Name and Address of Denomination and Church or religious organization you are **currently** affiliated with:_____
_____
Address (where services are held) City State Zip Code

6. _____
Religious Organization Mailing Address (if different) City State Zip Code

7. (___)_____ (___)_____
Religious Organization Telephone Number **Previous** Telephone Number

8. Name and Address of Denomination and church or religious organization you were **previously** affiliated with:_____
_____
Address City State Zip Code

9. Are the entities named in items 6 and 8 above related or affiliated in any way? Yes ☐ No ☐
If yes, please explain_____
_____

10. Is there a change in the minister's status? Yes ☐ No ☐ If yes, choose one of the following:
☐ From Active Status to Inactive Status (has moved from the congregation or services are no longer required)
☐ From Active to Retired Status (no longer actively serves the congregation but may still do so from time to time)
☐ Minister is deceased
☐ No longer in good standing with the denomination or religious organization

11. Effective Date of Change:_____

12. Reason for Change of Status:_____
_____

_____
Signature Print Name & Title Date

Entered in Database:

SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

By:_____
Deputy Clerk Date