

Nichole Baldwin
County Clerk



Susan Lujan
Deputy Clerk

Leia Wells
Chief Deputy Clerk

Melissa Tremain
Deputy Clerk

WHITE PINE COUNTY CLERK

INSTRUCTIONS FOR A PERMANENT CERTIFICATE OF AUTHORITY

For a Church affiliated Minister/Pastor/Bishop/Priest/etc.

*****PLEASE NOTE: IT IS UNLAWFUL TO SOLEMNIZE MARRIAGES BEFORE YOU OBTAIN A CERTIFICATE*****

The following documents are required to apply for a Permanent Certificate of Authority to Solemnize Marriages in the State of Nevada.

1. Application for a Permanent Certificate of Authority to Solemnize Marriages in the State of Nevada with Verification.
2. Affidavit of Authority to Solemnize Marriages (must be signed by someone in your church or religious organization and can verify that you are in good standing with that church or religious organization. This cannot be signed by the applicant.).
3. Release and Authorization for Background Check Report
4. Payment in the amount of \$49 for the background check may be by money order or cashier's check (payable to Screening One). THIS IS A NON-REFUNDABLE FEE.
5. Finger Print Investigation. Please contact Ely Drug Testing and Fingerprinting (775-296-1304) for complete information on how to complete your fingerprint investigation report.
6. \$30 processing fee payable to White Pine County Clerk

Please note: All paperwork should be returned to this office at the address listed below and addressed to: Attention: Nichole Baldwin. Item #'s 3 and 4 will be forwarded to Screening One for the background check. The background check should be completed within 7 business days (approximately) and the report will be forwarded to the White Pine County Clerk. Upon receipt of the report, the County Clerk will review all documents.

If everything is in order, a Certificate of Authority to Solemnize Marriages should be completed within 5 – 7 business days and sent to you. The Certificate will be mailed to the mailing address listed on the application. If you would like to pick up the Certificate or to have it mailed to a different address, please include instructions with the application paperwork. For express mail, please include a self-addressed, pre-paid express mail envelope.

If the application is not approved, you will receive a letter explaining why it is not granted.

PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING IF YOU INTEND TO SOLEMNIZE A WEDDING IN THE NEAR FUTURE (allowing 6 to 8 weeks is recommended). All paperwork must be filled out completely and properly signed and notarized.

DO NOT LEAVE BLANK SPACES. PAPERWORK THAT IS INCOMPLETE OR INCORRECT WILL DELAY THE PROCESS AND/OR MAY RESULT IN THE CERTIFICATE BEING DENIED.

801 Clark Street, Suite 4, Ely, Nevada 89301 ★ 775-293-6509 ★ fax 775-289-2544 ★ wpclerk@whitepinecountynv.gov

COUNTY OF WHITE PINE, STATE OF NEVADA

APPLICATION FOR A PERMANENT 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
6. Date of licensure, ordination, appointment or authorization by church or religious organization: _____
7. 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
8. Date the church or religious organization was incorporated, organized or established in the State of NV: _____
9. Are you presently in good standing with your church or religious organization? Yes No
10. 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.**) _____
11. 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? _____
12. 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 hereby certify by my signature below that my ministry 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.

VERIFICATION

STATE OF _____)
COUNTY OF _____) ss:

_____, being first duly sworn according to law, deposes and says:

That ___he is the Applicant in the foregoing *Application for a Certificate of Authority to Solemnize Marriages in the State of Nevada*; that ___he has read the foregoing Application and knows the contents thereof; that the same are true of his/her own knowledge, except for such matters therein stated on information and belief, and as to those matters ___he believes them to be true.

Signature of Applicant

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this _____ day of _____, 20_____.

**NOTE: IT IS UNLAWFUL TO PERFORM MARRIAGES
PRIOR TO THE ISSUANCE OF A CERTIFICATE OF
AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE
OF NEVADA**

NOTARY PUBLIC

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

STATE OF NEVADA)
)ss.
COUNTY OF _____)

The _____
(church or religious organization)

is organized and carries on its work in the State of Nevada. Its active meetings are conducted at

(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 marriages.

I am duly authorized by _____
(church or religious organization)

to complete and submit this affidavit.

I shall notify the White Pine 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 the 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 White Pine 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 of _____, 20 ____.

NOTARY PUBLIC

DISCLOSURE CONCERNING REQUEST FOR BACKGROUND CHECK REPORT

White Pine County Clerk's Office (WPC Clerk) will obtain a consumer report (a background check report) on you in connection with your application for a permanent certificate of authority to solemnize marriages in the State of Nevada with WPC Clerk.

WPC Clerk will obtain the report(s) from the following consumer reporting agency: ScreeningOne, Inc. 11121 Kingston Pike, Suite E, Knoxville, TN 37934 Phone: (888) 327-6511 Fax: (888) 216-1003 www.ScreeningOne.com (the "Agency"). The Agency's privacy policy can be found at www.ScreeningOne.com.

The report will contain information relating to your character, general reputation, personal characteristics, and/or mode of living. The types of information that may be obtained include, but are not limited to, background references; employment history; credit reports; criminal and civil court, education, and driving records; public Internet posts; and verification of prior employment. The information in the report will be obtained from private and public record sources, and, in the case of an investigative consumer report will include personal interviews with sources, such as former employers, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by written request to: White Pine County Clerk, 801 Clark St., Ste. 4, Ely, NV 89301. A summary of your rights under the Fair Credit Reporting Act has been provided with this form.

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G. Street, N.W., Washington, D.C. 20006.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK REPORT

I have carefully read, and I understand, this Disclosure and Authorization form. In connection with my application for Authorization to Solemnize Marriages in the State of Nevada pursuant to NRS 122.064 (3)(c), I hereby authorize Nichole Baldwin, White Pine County Clerk, and Screening One, Inc. to perform a background screening check (including future screenings for retention, if applicable, 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 White Pine County Clerk as a sound business practice, but also for the benefit of the public. It is no reflection on the Applicant. The report consists of information deemed to have a bearing on the decision to grant authorization 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 White Pine County Clerk for decisions concerning authorization to solemnize marriages only.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc. 11121 Kingston Pike, Suite E, Knoxville, TN 37934.
4. I authorize and release people, companies, municipal, County, State, and Federal agencies and courts to provide all information that is requested to the White Pine County Clerk or Screening One.
5. I further release all of the above, including the White Pine County Clerk and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that dishonesty will disqualify me from consideration for certification of authority to solemnize marriages and, if I am certified, that such dishonesty could result in the termination of my certification.

I acknowledge that I have received a copy of the following documents: (1) "Disclosure Concerning Request for Background Check Report" containing "A Summary of Your Rights under the Fair Credit Reporting Act"

Signature	Date
Full Name Printed	Maiden Name or Other Name Used
Present Address	How Long?
City/State	Zip Code
Former Address	How Long?
City/State	Zip Code

Former Address How Long?

City/State Zip Code

Former Address How Long?

City/State Zip Code

Former Address How Long?

City/State Zip Code

Date of Birth Social Security Number Driver's License Number State of License
(Mo/Date/Year)

FINGERPRINT INVESTIGATION

(Required for all applicants except reinstatements or transfers from another county.)

Please contact Ely Drug Testing and Fingerprinting for complete instructions on how to obtain your fingerprint investigation. By calling 775/296-1304 you can make your appointment and you will be given complete and up-to-date information regarding obtaining your fingerprint card.

Ely Drug Testing and Fingerprinting
1655 Avenue F
Ely, Nevada 89301
(775) 296-1304