



200 Lewis Avenue
Box 551604
Las Vegas, NV 89155-1604
(702) 671-0500 / (702) 382-3611 Fax

Office of the County Clerk

Lynn Marie Goya
County Clerk
Commissioner of Civil Marriages

Carl Bates
Assistant County Clerk

Affidavit for Issuance of Marriage License to One Party Hospitalized Applicant

If either party is hospitalized within the boundaries of Clark County, an Affidavit for Issuance of Marriage License to One Party is required.

A statement from the applicant's physician is required, presented on the physician's letterhead, as to the applicant's condition and expected recovery date. **The statement must be signed by the attending physician no more than 15 days prior to the date the couple applies for a marriage license.**

This statement must contain the reason why the applicant is unable to be present. **The statement must note that the applicant is alert, cognizant of the environment and able to make his or her own decisions.**

Per NRS 122, applicants for a marriage license must present acceptable identification (ID). A list of acceptable ID may be found at www.clarkcountynv.gov/clerk. Select "Marriage License Requirements".

Upon approval from the County Clerk, a marriage license may be issued. The following must be presented:

- Completed and signed Application
- Completed and notarized Affidavit, signed within 15 days of the party coming to the Marriage License Bureau to apply for a marriage license
- Physician's letter with the required information
- Acceptable Identification (ID)

Ex-Officio Clerk of:

Board of County Commissioners • Clark County Board of Equalization
Clark County Stadium Authority Board • Clark County Liquor and Gaming Board
Mt. Charleston Fire Protection District • Clark County Water Reclamation District Board of Trustees
Clark County Debt Management Commission • University Medical Center of Southern Nevada Board of Trustees



CLARK COUNTY CLERK'S OFFICE

201 Clark Avenue • Box 551604
Las Vegas, NV 89155-1604

MARRIAGE LICENSE APPLICATION
Each person must complete their own form.

FOR OFFICE USE ONLY

Document Number
ID Expires

APPLICANT'S INFORMATION

Today's Date:

1) Name (full legal name without use of abbreviations or nicknames):

First Middle Last

Suffix (ex. Jr, Sr, II)

2) Gender: Male Female

3) Social Security No. (U.S.):

4) Birth Information (when and where you were born):

Date Age State Country

5) Residence Information (physical location where you currently live):

City State Country

6) Have you ever been married? No Yes

a) Including the marriage you are getting a license for, how many times have you been married?

b) Select your current marital status (choose only one): Divorced Widowed Annulled

c) Date of divorce/death of spouse/annulment: (Month/Day/Year)

d) Location where divorce/death of spouse/annulment took place:

City State Country

7) Mailing Address:

(Provide the complete address where you receive mail)

PARENTS' INFORMATION

8) Parent #1 - Father's/Mother's Name at Birth (Maiden Name):

Last First Middle

Birth State Birth Country

9) Parent #2 - Father's/Mother's Name at Birth (Maiden Name):

Last First Middle

Birth State Birth Country

ATTENTION: Your marriage license and certificate will be prepared with the information provided on this form. Your full name must match the name printed on the identification shown. It is your responsibility to ensure that ALL INFORMATION is accurate and spelled correctly. Typographical errors discovered after the ceremony may be corrected upon written request to this office. Corrections to marriage records will be approved on a case-by-case basis and may be subject to a \$79.50 fee. By signing below, I acknowledge that I have read and understand the statement above.

Applicant's Signature

Office of the Clark County Clerk
Lynn Marie Goya, County Clerk
201 East Clark Ave.
Las Vegas, Nevada 89101

AFFIDAVIT OF ISSUANCE OF MARRIAGE LICENSE TO ONE PARTY
HOSPITALIZED APPLICANT

STATE OF NEVADA }
COUNTY OF CLARK } SS:

I _____
wish to marry _____.

No blood relationship exists between the two of us closer than that allowed by law. I am free to marry and no legal objection exists to this marriage.

Signature of Absent Party

Signed and sworn to (or affirmed) before me on this

_____ day of _____, 20____,

by _____.
Printed name of applicant

Signature of Notarial Officer