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Office of the County Clerk

Lynn Marie Goya
County Clerk
Commissioner of Civil Marriages

Jim Pierce
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.**

Upon approval from the County Clerk, a marriage license may be issued following receipt of the completed and notarized Affidavit for Issuance of Marriage License to One Party, Information for Marriage License form and approved photo identification.

Ex-Officio Clerk of:

*Board of County Commissioners - Clark County Board of Equalization
Clark County Liquor and Gaming Board - Mt. Charleston Fire Protection District
Clark County Water Reclamation District Board of Trustees - Clark County Debt Management Commission
Clark County Redevelopment Agency - University Medical Center of Southern Nevada Board of Trustees*

PLEASE PRINT OR TYPE

Office of the County Clerk
Lynn Marie Goya
County Clerk

License No. _____

AFFIDAVIT FOR ISSUANCE OF MARRIAGE LICENSE TO ONE PARTY

State of Nevada)
)§:
County of Clark)

The undersigned, being duly sworn, provides the following information for the issuance of a Marriage License pursuant to NRS 122.040 Subsection 3.

Name: First _____ Middle _____ Last _____

Male Female Inmate Number _____ (if applicable)

Resident City and State _____

Date of Birth _____ Age _____ Birth State _____ Birth Country _____

Social Security Number _____ No. of this marriage _____

Marital Status: Never Married Divorced Widowed Annulled

Final date of the last marriage ended _____ City/State _____

Parent's Name(s):

Father's First Name _____ Middle _____ Last _____
State of Birth _____ Country _____

Mother's First Name _____ Middle _____ Maiden _____
State of Birth _____ Country _____

Mailing Address: _____

I am unable to be present for the issuance of the Marriage License because:

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)

SUBSCRIBED AND SWORN to before me
this _____ day of _____, 20____.

Notary Public