



ELKO COUNTY CLERK

550 Court Street, 3rd Floor • Elko, Nevada 89801-3518

775-753-4600 • Fax 775-753-4610

www.elkocountynv.net

ELKO COUNTY CLERK

Rebecca Plunkett

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CHIEF DEPUTY CLERK

Alicia Guaman

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Affidavit for Issuance of Marriage License to One Party

Hospitalized Applicant

If either party is hospitalized within the boundaries of Elko 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 valid government-issued identifications (ID).

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 Elko County Clerk's Office to apply for a marriage license**
- Physician's letter with the required information
- Acceptable Identification (ID)



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APPLICANT'S INFORMATION

TODAY'S DATE: _____

First (Legal name)		Middle
Last	Suffix	Date of Birth & Age
Social Security No.	Gender Male Female	Place of Birth
Current Physical Residence		
Mailing Address		

Have you ever been married? ___ Yes (fill out bullet points below) ___ No

- Which number marriage is this? _____
- How did the last marriage end? ___ Divorce ___ Death ___ Annulment
- Date of Divorce/Death/Annulment: _____
- Location where Divorce/Death/Annulment took place: _____

Parent's Information

Parent 1/ Father's Information		Parent 2/ Mother's Information	
Last Name		Maiden Last Name	
First and Middle Name		First and Middle Name	
Place of Birth (State and Country)		Place of Birth (State and 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 \$25 fee. By signing below, I acknowledge that I have read and understand the statement above.

Applicant's Signature _____ Date _____



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AFFIDAVIT OF ISSUANCE OF MARRIAGE LICENSE TO ONE PARTY

HOSPITALIZED APPLICANT

STATE OF NEVADA
COUNTY OF ELKO

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.

Pursuant to NRS 208.165 and 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Signature of Hospitalized Party

Signed and sworn to (or affirmed) before me on this
_____ day of _____, 20____,
by _____.
Printed name of applicant

Signature of Notarial Officer