



FRANCISCO V. AGUILAR
Nevada Secretary of State
 2250 Las Vegas Blvd North
 Suite 400
 North Las Vegas, NV 89030
 (702) 486-2887
 www.nvsos.gov

Domestic Partnership Name Change Amendment, Certificate Reorder, and Records Order Form

FOR OFFICE USE ONLY

Only a domestic partner completes this form. All others must submit a Public Records Request Form. Follow these instructions to amend because of a legal name change or address change, reorder a certificate, or to make a records order of a Domestic Partnership registration.

- 1) Complete applicable sections.
- 2) Type or print legibly using blue or black ink. Do not use whiteout.
- 3) Attach total fees payable to Nevada Secretary of State. Use check, money order, or Credit Card Checklist Form.
- 4) Submit original form. No copies.
- 5) For name change amendment, attach a copy of proof of legal name change.
- 6) Hand delivery accepted at:
 - Carson City: 101 N. Carson Street, Suite 3
 - NLV: 2250 Las Vegas Blvd. North, 1st Floor

Job# : _____

Mail this form with appropriate fees to:
 Nevada Secretary of State
 Domestic Partnership Program
 2250 Las Vegas Boulevard North, Suite 400
 North Las Vegas, NV 89030

SECTION 1 – Original Document Information (Name as set forth on Original Certificate)

Partner 1:				
	Legal First Name	Legal Middle Name	Legal Last Name	Suffix
Partner 2:				
	Legal First Name	Legal Middle Name	Legal Last Name	Suffix

SECTION 2 – For Name Change Amendments Only (Amended name will be shown on certificate)

REQUIRED: Attach a copy of proof of legal name change such as a court order.

Partner 1				
Amended:	Legal First Name	Legal Middle Name	Legal Last Name	Suffix
Partner 2				
Amended:	Legal First Name	Legal Middle Name	Legal Last Name	Suffix

SECTION 3 – Address of Record (No fee assessed)

Include a current residence and/or mailing address. If address has changed, the record will be updated.

Residence				
Address:	Street Address	City	State	Zip Code
Mailing				
Address:	PO Box or Street Address if different from residence	City	State	Zip Code

SECTION 4 – Order Information

4a) Domestic Partnership Certificate Number:		
4b) Name Change Amendment	Qty	Subtotal
Includes one B/W Certificate \$15.00		
4c) Certificate Reorder	Qty	Subtotal
For filings before January 2, 2023:		
Abstract Record \$25.00		
For filings on or after January 2, 2023:		
Black and White Certificate \$5.00		
Ceremonial Certificate \$15.00		
4d) Records Order - \$5 per copy	Qty	Subtotal
Copy of Declaration Filing		
Copy of Termination Filing		
Copy of Termination Letter		
Total:		

SECTION 5 – Delivery and Contact Information

DELIVERY – Choose a method for delivery of your order:

- ☐ Standard USPS First Class Mail to mailing address above
- ☐ Expedite Mail: enclose a **prepaid** self-addressed flat envelope or shipping label for the expedite service of your choosing
- ☐ Hold for pickup at: ☐ North Las Vegas

CONTACT – For questions about your order or to notify you of pickup, provide a phone number: _____

SECTION 6 – Signature (One partner must print, sign and date)

I declare under penalty of perjury that the information provided on this form is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Print Name of **Partner 1 or 2** _____

X _____
 Signature of **Partner 1 or 2**

_____ Date



FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ 24-HOUR (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge*: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.