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provided by the office of
Nevada Secretary of State
Barbara K. Cegavske



Request for Registration Access Form

PLEASE TYPE OR PRINT CLEARLY USING INK

ABOVE SPACE
IS FOR OFFICE USE ONLY

This form is to be used by Registrant or agent of the registrant to request that he/she be provided with a duplicate registration card or other access to the registration number and password assigned to the registrant by the Living Will Lockbox.

Registrant Information

Legal Name:

First / Middle / Last / Suffix

Date of Birth:

mm/dd/yyyy

Primary Mailing Address:

Address

City

State

Zip Code

Phone Number:

Area Code

Number

Registrant ID #: (If known)

X

Signature of Registrant

Date

Reason for request for duplicate registration:

If this Request for Registration Access Form is prepared and submitted by someone other than the Registrant, the following must be completed:

I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Request for Registration Access Form on his/her behalf.

Print Name of Person who Prepared this Document

Entity/Organization Name

Contact Number:

Area Code

Number

X

Signature of Person who Prepared this Document

Date

PLEASE NOTE: A duplicate registration card will be sent to you at the mailing address listed in your Lockbox file. If your address has changed, you must notify the Lockbox and submit an Authorization to Change Form.

MAIL OR FAX TO: Living Will Lockbox
c/o Nevada Secretary of State Barbara K. Cegavske
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101
Phone (775) 684-5708
Fax (775) 684-7177