190603

BARBARA K. CEGAVSKE
Secretary of State
555 East Washington Ave., #5200
Las Vegas, Nevada 89101
(702) 486-2880
Website: www.nvsos.gov

Application for Registration of Claim to Right of Publicity

(PURSUANT TO NRS 597.800)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Claimant:

2. Address of Claimant:

3. *The above listed claimant, being first duly sworn, under penalty of perjury, deposes and says that he is the:*

(check only one box) ☐ Successor In Interest ☐ Licensee *of the deceased person identified below.*

4. Legal name of the deceased person:

5. Professional name of the deceased person:

6. Date of death of deceased person:

7. The basis of the claimant's claim is as follows:

8. The following is a description of the rights claimed:

STATE OF _____

COUNTY OF _____

X _____

Signature of Claimant

This instrument was signed and sworn to before me on

_____ **by** _____

Date **Claimant**

_____

Notary Signature

Notary Stamp

Filing Fee: $25.00

Nevada Secretary of State Right of Publicity
Revised: 1-5-15

Reset