



BARBARA K. CEGAVSKE
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SB79 Request for Confidentiality Form

Pursuant to SB79 all changes to this request are the sole responsibility of the registrant.

Contact Information

Contact is Registrant Date of Birth _____ NVDL# _____
MM/DD/YYYY

Title _____ Name _____
First Name Middle Initial Last Name Suffix

Physical Address _____

City _____ County _____ State _____ ZIP/Postal Code _____

Province (International Only) _____ Country _____

Phone _____ Email _____

Military Personnel Address Options

APO: Air/Army Post Office APO FPO DPO
 FPO: Fleet Post Office
 DPO: Diplomatic Post Office

AE: Europe, Middle East, Africa, and Canada AE AP AA
 AP: Pacific
 AA: America excludes Canada

Court Order Information

Issuing Court _____ Case Number _____

Effective Date _____ Expiration Date _____ Until further ordered by the Court

Individuals Covered by Court Order *Note: If more than 3 individuals are covered, additional forms must be attached.*

1. Name _____ <small>First Name Middle Initial Last Name Suffix</small>	<input type="checkbox"/> <i>Total Number of Covered Individuals</i>
Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name _____	<input type="checkbox"/> <i>Number of Attached Documents</i>
Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name _____	
Date of Birth _____ NVDL# _____ Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes/Comments:

SoS Receiving Information

Method Received (check one): Mailroom In-Person Location Received _____

Received Date _____ Received By _____

SoS Processing Information

Date Entered in Data Privacy App _____ Entered By _____