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Protecting Your Wishes

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Nevada Secretary of State
Barbara K. Cegavske

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# Request for Duplicate Wallet Card

This Form is used by the Registrant to request a Duplicate Wallet Card.

## Registrant Information

**PLEASE TYPE OR PRINT CLEARLY USING INK**

Legal First Name | Legal Middle Name | Legal Last Name | Suffix

Date of Birth
*mm/dd/yyyy*

Registrant ID #
(found *on the Wallet Card)*

## Duplicate Wallet Card

☐ Advance Directive

☐ Guardianship Nomination

*To provide another individual with a copy of your card or to replace a card that is lost or worn.*

*Duplicate Wallet Cards are issued with the same Registrant ID # currently associated with the Registrant's account. Individuals with a Duplicate Wallet card may use the ID # to access your Lockbox account.*

Reason for request _____

**If this Request for Duplicate Wallet Card 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 Duplicate Wallet Card 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 card will be sent to you at the mailing address listed in your Lockbox Registration. If your address has changed, you must notify the Lockbox via an Authorization to Change Form.*

**MAIL**

**Nevada Lockbox**
**c/o Nevada Secretary of State Barbara K. Cegavske**
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030

**OR**

**FAX**

Phone (702) 486-2887 Fax (775) 684-7177