

Commission # \_\_\_\_\_ Expiration Date of New Commission \_\_\_\_\_

APPLICATION FOR APPOINTMENT AS A NOTARY PUBLIC IN THE STATE OF INDIANA

Complete and Return to : G. A. MacDonald Associates, Inc. www.gamacdonald.com/notary.htm
2200 Lake Avenue, Suite 120
Fort Wayne, IN 46805
(260) 422-5377

To: THE GOVERNOR OF INDIANA

I respectfully request that I be appointed and commissioned a Notary Public. In support of my application I submit herewith the required bond, oath of office, and fee of FIVE DOLLARS (\$5), payable to the Secretary of State, in the form of a check or money order. (Do not send currency in the mail.) (IC 33-16-2-1)

PRINT OR TYPE

1. NAME \_\_\_\_\_ Your legal name in which commission will be issued - see instruction #3
2. HOME ADDRESS \_\_\_\_\_ (Number and Street)
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)
3. COUNTY OF RESIDENCE: \_\_\_\_\_

4. Business Name \_\_\_\_\_
5. Business Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)
6. HOME PHONE ( ) \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_
(Area Code) Number (Area Code) Number
7. If you have a current, valid notary commission show your expiration date:

\_\_\_\_\_ , \_\_\_\_\_

8. If you are now a notary public and your name or county has changed since your last application, please give both old and new information:
OLD: \_\_\_\_\_
NEW: \_\_\_\_\_

9. NOTARIAL OATH

STATE OF INDIANA ) SS
COUNTY OF \_\_\_\_\_ )
(County in which oath is administered)

I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of Indiana; that I am duly qualified to hold office under the Constitution and laws of the State; that I am 18 years of age or over; that I am of good moral character and integrity; that I am a resident of Indiana; that my answers to questions on this application are true and complete to the best of my knowledge; that I have carefully read all of the instructions which came with this application, and that I will faithfully and impartially discharge the duties of NOTARY PUBLIC if so commissioned by the Governor, according to the best of my skill and ability, so help me God (or under the pains and penalties of perjury).

(Place Notary Seal Here) \_\_\_\_\_ (Signature of applicant)

Subscribed and sworn or affirmed to before me, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal.
\_\_\_\_\_, notary public in and for the County of \_\_\_\_\_, State of Indiana.
(Signature of a notary public or other officer authorized to administer oaths) (Office)

My commission expires: \_\_\_\_\_

10. NOTARIAL BOND

KNOW ALL MEN BY THESE PRESENTS, That we \_\_\_\_\_ as principal (Applicant) and \_\_\_\_\_ of \_\_\_\_\_ and \_\_\_\_\_ County

as freehold or corporate surety, are held and firmly bound unto the State of Indiana, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, firmly by these presents.

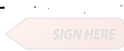
WITNESS our hands and seals, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. THE CONDITION OF THE ABOVE OBLIGATION IS AS FOLLOWS, TO-WIT:

WHEREAS, the above bound principal has applied for appointment by the Governor of the State of Indiana as a Notary Public, in and for the State of Indiana, for an eight year term.

Now, if the said principal shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according to law, then the above obligation to be null and void, otherwise to remain in full force and virtue in law. The term of this bond is from the effective date of the principal's commission to the expiration date of the same.

Countersigned by Indiana Resident Agent:

Signature of : \_\_\_\_\_ (Must be acknowledged below in #11)



By: \_\_\_\_\_ Attorney-in-Fact (Signature of Surety. Must be acknowledged below in #12)

11. ACKNOWLEDGMENT OF PRINCIPAL'S SIGNATURE BY A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGMENTS.

STATE OF Indiana COUNTY OF \_\_\_\_\_ : SS:

Before me the undersigned, an officer authorized to take the acknowledgement of deeds (Notary Public, County Clerk, etc.), personally appeared before me \_\_\_\_\_ and acknowledged the execution of the foregoing bond for the uses and purposes therein expressed, without condition or reservation.

(Place Notary Seal Here)

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a notary public (Signature of a notary public or other authorized officer) (Office) in and for the County of \_\_\_\_\_, State of Indiana

My commission expires: \_\_\_\_\_

12. ACKNOWLEDGMENT OF SURETY'S SIGNATURE (Freehold or Corporate) BY A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGMENTS.

STATE OF Indiana COUNTY OF Allen : SS:

Before me the undersigned, an officer authorized to take the acknowledgement of deeds (Notary Public, County Clerk, etc.), personally appeared before me David A. MacDonald and acknowledged the execution of the foregoing bond for the uses and purposes therein expressed, without condition or reservation.

(Place Notary Seal Here)

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a notary public (Signature of a notary public or other authorized officer) (Office) in and for the County of Allen, State of Indiana

My commission expires: \_\_\_\_\_

For the statute pertaining to surety company bonds see Indiana Code 27-1-22. For the statutes pertaining to Officer's Bonds and Oaths see Indiana Code 5-4.

# Indiana Notary Public Application Checklist

(Mail your application and a copy of this checklist in a standard business window envelope. Make certain the address below shows through the window)

## Did you...

- Print **Page 1** and **Page 2** on the **front and back** of a **single piece of paper**?
- Check your application for accuracy and completeness (compare to color-coded instructions)?
- Sign as the "Applicant" in **Section 9** and as the "Principal" in **Section 10**?
- Have your signatures notarized in **Sections 9 and 11**? Did your notary place their seal where they signed?
- Consider Notary Public E & O insurance to protect yourself against innocent mistakes plus defense costs?
  - **\$10,000** coverage for eight years - \$ **65.00** (only \$8.13 per year!)
  - **\$15,000** coverage for eight years - \$ **84.50** (only \$10.56 per year!)
  - **\$25,000** coverage for eight years - \$**104.00** (only \$13.00 per year!)
- Enclose your payments? (One check payable to the Secretary of State; One check payable to G. A. MacDonald Associates)

### Standard Service

With Standard Service, **your application is processed within two (2) business days** and forwarded to the State **via first class mail**. Standard Service clients typically experience a **seven (7) to ten (10) business day turnaround** from the date their application is received in our office to the date they receive their commission via first class mail

One check payable to <i>Secretary of State</i>	\$ <u>5.00</u>
One check payable to <i>G. A. MacDonald Associates</i>	\$ _____
<input type="checkbox"/> WAIVE all Notary Public E & O Coverage	\$ 50.00
<input type="checkbox"/> ADD \$10,000 coverage for eight years	\$115.00
<input type="checkbox"/> ADD \$15,000 coverage for eight years	\$134.50
<input type="checkbox"/> ADD \$25,000 coverage for eight years	\$154.00

### Priority Service

With Priority Service, your **application is processed and sent to the Secretary of State's office via FedEx® the same business day it is received**. Our office will **notify you via e-mail when your application is forwarded to the State and when your commission is issued with your commission number and expiration date**. Priority Service clients typically experience a **two (2) to four (4) business day turnaround** from the date their application is received in our office to the date we confirm issue by e-mail:

One check payable to <i>Secretary of State</i>	\$ <u>5.00</u>
One check payable to <i>G. A. MacDonald Associates</i>	\$ _____
<input type="checkbox"/> WAIVE all Notary Public E & O Coverage	\$ 65.00
<input type="checkbox"/> ADD \$10,000 coverage for eight years	\$130.00
<input type="checkbox"/> ADD \$15,000 coverage for eight years	\$149.50
<input type="checkbox"/> ADD \$25,000 coverage for eight years	\$169.00

Please provide your e-mail address for confirmation:

\_\_\_\_\_

Your e-mail address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. A. MacDonald Associates  
Attn: Notary Department  
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Fort Wayne, IN 46805

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