

Commission # _____ (leave blank) _____ Expiration Date of New Commission _____ (leave blank) _____

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

Complete and Return to :

KEY: Red - YOU complete
Green - Your notary completes
Blue - Leave blank

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 Enter YOUR NAME here
Your legal name in which commission will be issued - see instruction #3
2. HOME ADDRESS Your home address
(Number and Street)
Your City, State, & Zip Code
(City) (State) (Zip Code)
3. COUNTY OF RESIDENCE: Your County

4. Business Name Your employer's name
5. Business Address Employer's address
(Street) (City) (State) (Zip Code)
6. HOME PHONE () - Home BUSINESS PHONE () Work
(Area Code) - Number (Area Code) - Number
7. If you have a current, valid notary commission show your expiration date:

Current Expiration date (if any)

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: Your former name / county if changed
NEW: Your current name / county if changed

9. NOTARIAL OATH

STATE OF INDIANA) SS
COUNTY OF Notary's county)

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).

- YOU must sign here -

(Signature of applicant)

Subscribed and sworn or affirmed to before me, this day month A.D. year

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal.
Your notary public must sign "notary public" in and for the County of Notary's county, State of Indiana.
(Signature of a notary public or other officer authorized to administer oaths) (Office)

My commission expires: Your notary's commission expiration date

10. NOTARIAL BOND

KNOW ALL MEN BY THESE PRESENTS, That we Enter YOUR NAME here as principal (Applicant) and Tazewell County of (street address, city, state & zip of surety)

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 (leave blank) day of (leave blank). 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: (leave blank)

- YOU must sign here - (Signature of Principal. Must be acknowledged below in #11)

By: (leave blank) 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 (your notary's state) COUNTY OF (your notary's county) : SS:

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, this day month, year. Your notary must sign here, a "notary public" in and for the County of Notary's county, State of Indiana

My commission expires: Your notary's commission expiration date

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.

KEY:

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, this (leave blank) day of (leave blank). (leave blank), a notary public in and for the County of Allen, State of Indiana

My commission expires: (leave blank)

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.