

## JURAT WITH AFFIANT STATEMENT

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

☐ See Attached Document (Notary to cross out lines 1–7 below)

☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

7 \_\_\_\_\_  
*Signature of Document Signer No. 1*

\_\_\_\_\_  
*Signature of Document Signer No. 2 (if any)*

Subscribed and sworn to (or affirmed) before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
*Date Month Year*

\_\_\_\_\_  
*Name of Signer No. 1*

\_\_\_\_\_  
*Name of Signer No. 2 (if any)*

\_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal/Stamp Above*

\_\_\_\_\_  
*Any Other Required Information  
(Residence, Expiration Date, etc.)*

### OPTIONAL

*This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

# Jurat With Affiant Statement

If no other format is prescribed, this certificate may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The text space provided (lines 1–6) is available for a document signer to type or neatly print (in ink) a written statement. This portion of the certificate should *not* be completed by the Notary. A person completing any of lines 1–6 must sign this form on line 7 in the presence of the

Notary, who would also administer an oath or affirmation.

If this jurat is to be attached to another document, then the Notary should cross out lines 1–7. The signer would affix a signature on the attached document, not on this certificate, in the Notary's presence.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

## Instructions:

**1 & 2 NAME OF STATE & NAME OF COUNTY** where Notary performs notarization.

**3 DESCRIPTION OF DOCUMENT.** Check the first box if this jurat certificate is going to be attached to another document. If so, then cross out lines 1–7 on certificate. Check the second box if the affiant (signer) is going to use this certificate to make a statement.

**4 AFFIANT STATEMENT.** These lines are provided for the affiant to complete his or her own statement, and should not be completed by the Notary. If affiant is not using this certificate to make a statement, lines 1–7 should be crossed out by the Notary.

**5 SIGNATURE(S) OF AFFIANT(S).** This is signed by the person(s) who completed the Affiant Statement, if applicable, in lines 1–6. If an attached document is signed instead, these spaces should be lined through by the Notary.

**6 DATE OF NOTARIZATION.** Actual day, month and year in which the document signer(s) appeared before Notary to sign this certificate or an attached document and take an oath or affirmation.

**7 NAME(S) OF AFFIANT SIGNER(S)** appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card signatures. If there is only one signer, line through the second space to prevent later unauthorized insertion of a name.

**8 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.

**9 ADDITIONAL INFORMATION.**

Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."

**10 NOTARY SEAL IMPRINT,** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

**SPACES 11–14 ARE REQUIRED IN THE STATE OF ARIZONA** and are optional in other states. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**11 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."

**12 DATE OF DOCUMENT** notarized. If certificate is being attached to a document, most but not all will have a date, usually at the top or following the signature. If none, insert "No Date."

**13 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."

**14 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 7.** Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."


**JURAT WITH AFFIANT STATEMENT**

State of South Dakota } ss.  
County of Bennett

☒ See Attached Document (Notary to cross out lines 1–7 below)  
☐ See Statement Below (Lines 1–7 to be completed only by document signer(s), not Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_  
Signature of Document Signer No. 2 (if any) \_\_\_\_\_  
Subscribed and sworn to (or affirmed) before me  
this 12th day of January, 20XX, by  
Date Month Year  
Michael T. Smith  
Name of Signer No. 1  
\_\_\_\_\_  
Name of Signer No. 2 (if any)  
Pat R. Jones  
Signature of Notary Public  
\_\_\_\_\_  
Any Other Required Information  
(Residence, Expiration Date, etc.)

**10** 

Place Notary Seal/Stamp Above

**OPTIONAL**

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document  
Title or Type of Document: Affidavit of Loss  
Document Date: 1-2-20XX Number of Pages: One  
Signer(s) Other Than Named Above: No other signers

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NOTARY  
ASSOCIATION