### FLORIDA JURAT FOR SIGNER WITH DISABILITY

F.S. 117.05(14)(E) — Effective January 1, 2020

State of Florida	}					
County of	J					
Sworn to (or affirmed) b	pefore me by means of	☐ Physical	Presence, -	– OR –	☐ Online Notarization,	
this day of		, by			earing or Affirming	
Day	Month Ye	ear	Name of F	Person Sw	earing or Affirming	
and subscribed by	<del></del>	**			at the direction of	
		Name of Nota				
Name of Pors	son Swearing or Affirmin	by	/ Writi	ten Verho	ıl, or Other Means	
				ieri, verbu	ii, or other means	
and in the presence of these witnesses:					ess	
Name of 2nd Witness						
				- t D/-	in Charte of Elevision	
		51	gnature of ive	otary Publ	ic — State of Florida	
			Name of Notary Typed, Printed or Stamped			
		□ Per	sonally Know	n or □	Produced Identification	
Type of Identification						
Place Notary Seal and/or Stamp Above			Any Other Required Information			
Trace Notary Sear and/or Stamp Above			(Name(s) of Credible Witness(es), etc.)			
		- OPTIONAL				
	mpleting this information audulent reattachment c					
Description of Atta	ched Document					
Title or Type of Doci	ument:		· · · · · · · · · · · · · · · · · · ·			
Document Date:	Number of Pages:					
Signer(s) Other Than	Named Above:					

# Florida Jurat for Signer with Disability

If a person cannot sign a document due to a physical disability, he or she may direct the Notary to sign on his or her behalf. This certificate wording is sufficient when a signer with a disability requests a jurat. Two disinterested witnesses must be present for this procedure.

Only at the direction of the disabled person, the Notary will sign this individual's name on the attached document, not on this certificate.

After signing, the Notary must write below the signature the following

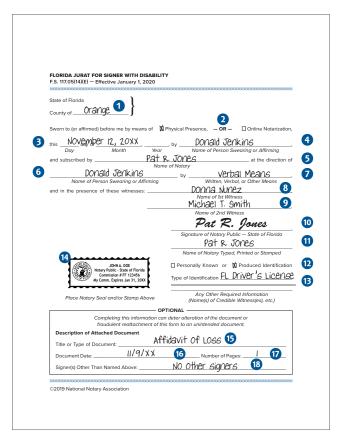
statement: "Signature affixed by Notary pursuant to s. 117.05(14), Florida Statutes." The Notary must also administer an oath or affirmation to the disabled individual.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

## Instructions:

- **1 NAME OF COUNTY** where Notary performs notarization.
- **2 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audiovisual communication (second option for authorized Online Notaries effective January 1, 2020).
- **3 DATE OF NOTARIZATION.**Actual day, month and year in which disabled signer appears before Notary.
- **NAME OF DISABLED SIGNER** appearing before Notary. Initials and spelling of name should agree with names on document and ID card.
- **5** NAME OF NOTARY, exactly as name appears on commissioning papers and in seal.
- **6 NAME OF DISABLED SIGNER,** exactly as name appears in space 4.
- **7 HOW DISABLED SIGNER** directed Notary to sign, whether by verbal, written or other means.
- **8** NAME OF FIRST WITNESS.
- 9 NAME OF SECOND WITNESS.
- **10 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.
- **11 NAME OF NOTARY,** typed, printed or stamped, exactly as name appears in space 5.
- **DHOW DISABLED SIGNER**WAS IDENTIFIED. Check the
  first box if signer is personally known to Notary. Check the second box if
  Notary identifies signer through either (a) identification documents (ID cards) or (b)

oath of credible witness(es).



### **(B)** TYPE OF IDENTIFICATION.

If not personally known to Notary, how signer was identified: either (a) ID cards, indicating card's type or (b) credible witness(es), indicating name of each witness. If there are no credible witness(es), line through this space to prevent later unauthorized insertion of a name(s).

**10 NOTARY SEAL IMPRINT,** clearly and legibly affixed.

#### SPACES 15-18 ARE OPTIONAL.

Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

- TITLE OR TYPE OF DOCUMENT notarized, such as "Affidavit of Loss."
- **© DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, write "No Date."
- **NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.
- **®** SIGNER(S) OTHER THAN NAMED IN SPACE 4. 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, write "No Other Signers."



9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org

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