

**FLORIDA JURAT FOR SIGNER WITH DISABILITY**  
F.S. 117.05(14)(E) — Effective January 1, 2020

State of Florida }  
County of \_\_\_\_\_ }

Sworn to (or affirmed) before me by means of  Physical Presence, — **OR** —  Online Notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_,  
*Day Month Year Name of Person Swearing or Affirming*

and subscribed by \_\_\_\_\_ at the direction of \_\_\_\_\_,  
*Name of Notary*

\_\_\_\_\_ by \_\_\_\_\_,  
*Name of Person Swearing or Affirming Written, Verbal, or Other Means*

and in the presence of these witnesses: \_\_\_\_\_,  
*Name of 1st Witness*

\_\_\_\_\_  
*Name of 2nd Witness*

\_\_\_\_\_  
*Signature of Notary Public — State of Florida*

\_\_\_\_\_  
*Name of Notary Typed, Printed or Stamped*

Personally Known or  Produced Identification

Type of Identification \_\_\_\_\_

*Place Notary Seal and/or Stamp Above*

*Any Other Required Information  
(Name(s) of Credible Witness(es), etc.)*

**OPTIONAL**

*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: \_\_\_\_\_

# 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 audio-visual 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.
- 4 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.
- 12 HOW 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).

- 13 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).
  - 14 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.

- 15 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."
- 16 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."
- 17 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.
- 18 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."


**FLORIDA JURAT FOR SIGNER WITH DISABILITY**  
F.S. 117.05(14)(E) — Effective January 1, 2020

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State of Florida  
County of Orange **1**

Sworn to (or affirmed) before me by means of  Physical Presence, **2** — OR —  Online Notarization.

**3** this November 12, 20XX **4** by Donald Jenkins **5**  
Day Month Year Name of Person Swearing or Affirming  
and subscribed by Pat R. Jones **6** at the direction of **7**  
Name of Notary  
**8** Donald Jenkins by Verbal Means **9**  
Name of Person Swearing or Affirming Written, Verbal, or Other Means  
and in the presence of these witnesses: Donna Nunez **10**  
Name of 1st Witness  
Michael T. Smith **11**  
Name of 2nd Witness  
Pat R. Jones **12**  
Signature of Notary Public — State of Florida  
Pat R. Jones **13**  
Name of Notary Typed, Printed or Stamped  
 Personally Known or  Produced Identification **14**  
Type of Identification FL Driver's License **15**

**14**  Place Notary Seal and/or Stamp Above  
JOHN A. DOE  
Notary Public - State of Florida  
Commission # FF 123456  
My Comm. Expires Jan 31, 20XX

**OPTIONAL**  
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Affidavit of Loss **16**  
Title or Type of Document:  
Document Date: 11/9/XX **17** Number of Pages: 1 **18**  
Signer(s) Other Than Named Above: No other signers **19**

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NOTARY  
ASSOCIATION