

COPY CERTIFICATION

State of _____ }
County of _____ } ss.

On this the _____ day of _____, _____, I certify that the attached
or preceding document of _____ pages is a true, exact, complete and unaltered copy of

Description of Original Document

presented to me by

Original Document's Custodian on Above Date
and that, to the best of my knowledge, the original document is neither a public record nor a publicly recordable instrument, certified copies of which are available from an official source other than a Notary Public.

- OR -

an official notarial record in my possession.

_____, Notary Public
Signature of Notary Public

Place Notary Seal/Stamp Above

*Notary's Name Printed/
Typed*

*Appointment
Expiration Date*

OPTIONAL

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

Further Description of Attached Document

Address Where Original is Kept: _____

Original Document Date: _____

Signer(s) or Issuing Agency: _____

Capacity Claimed by Custodian

Individual Attorney Trustee

Corporate Officer — Title: _____

University or School Officer — Title: _____

Governmental Officer or Agent — Title: _____

Business Proprietor or Manager

Other: _____

Custodian Is Representing: _____

Copy Certification

If no other copy certification wording is prescribed, this certificate may be used by Notaries to certify true copies of original documents — if state law so allows.

The Notary must carefully compare the copy that is being certified to the original, and, whenever possible, personally make the copy. The original

should not be a public record nor a publicly recordable document, such as a birth certificate or deed.

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 copy certification.

3 DATE OF NOTARIZATION. Actual day, month and year in which custodian appeared before the Notary.

4 NUMBER OF PAGES IN THE ORIGINAL DOCUMENT. This may point out fraudulent addition or removal of pages. Do not count attached certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

5 TITLE OR TYPE OF ORIGINAL DOCUMENT being certified.

6 CUSTODIAN'S NAME. Check the first box if original document is presented by custodian, then write in the custodian's name. Check the second box if original is an official notarial record kept by the Notary.

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

8 NOTARY'S NAME, printed, typed or stamped exactly as name appears on commissioning papers, in space 7 and in seal.

9 NOTARY'S COMMISSION/ APPOINTMENT EXPIRATION DATE, exactly as it appears on commissioning papers and in seal.

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

SPACES 11–14 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.

11 ADDRESS where the original document is kept. If original is a notarial record, the Notary's address is written here.

12 ORIGINAL DOCUMENT DATE. The original's date of signing, effect, issuance or expiration may be noted here. If none, insert "No Date." (For copy of notarial record entry, insert date of notarization.)

13 SIGNER(S) OR ISSUING AGENCY. The name of any person who may have signed the original document, along with the person's title; and/or the agency, firm or institution that issued the original, such as "University of Maine." (For copy of notarial record entry, insert name of document signer, if any.)

14 CAPACITY/TITLE CLAIMED BY CUSTODIAN. This indicates whether the custodian, if any, is acting as an individual or a representative of a company, institution, agency or other organization.

COPY CERTIFICATION

State of Maine } ss.
 County of Franklin }

On this the 19th day of January, 20XX, I certify that the attached or preceding document of one pages is a true, exact, complete and unaltered copy of B.A. degree, Univ. of Maine

Presented to me by Michael T. Smith

Original Document's Custodian on Above Date and that, to the best of my knowledge, the original document is neither a public record nor a publicly recordable instrument, certified copies of which are available from an official source other than a Notary Public.

— OR —
 an official notarial record in my possession.

Pat R. Jones Notary Public
 Signature of Notary Public

Pat R. Jones January 1, 20XX
 Notary's Name Printed/ Appointment
 Typed Expiration Date

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

Further Description of Attached Document
 Address Where Original is Kept: 125 S. Main St. Augusta, ME 04330
 Original Document Date: June 12, 20XX
 Signer(s) or Issuing Agency: University of Maine

Capacity Claimed by Custodian
 Individual Attorney Trustee
 Corporate Officer — Title: _____
 University or School Officer — Title: _____
 Governmental Officer or Agent — Title: _____
 Business Proprietor or Manager
 Other: _____
 Custodian is Representing: _____

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