

Crystal Clear TX Notary Services

602 Strada Circle, Suite 111,

Mansfield, TX., 76063

Crystalcleartxnotary@gmail.com

Notary Service Form

Thank you for choosing Crystal Clear Notary Services. Please complete this form to ensure an efficient and accurate notarization process.

Client Information

- **Full Name (as it appears on ID):** _____
- **Date of Birth:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Document Information

1. **Type of Document(s) to be Notarized:**
(e.g., Power of Attorney, Title Transfer, Affidavit, etc.)
-
2. **Number of Signatures Required:**
-
3. **Do all signers have valid, government-issued photo IDs?**
 - ☐ Yes
 - ☐ No
 4. **Is this a sworn statement (requiring an oath or affirmation)?**
 - ☐ Yes
 - ☐ No
-

Appointment Details

1. **Preferred Date and Time for Notary Service:**

Date: _____ Time: _____

2. **Location of Appointment:**

- Crystal Clear Notary Office
- Client's Location (Additional travel fees may apply)

3. **Special Requests or Instructions:**

Terms and Agreement

1. I confirm that the information provided above is accurate and truthful.
2. I acknowledge that the notary is responsible only for verifying the authenticity of my signature and not the content of the document(s).
3. I understand that all parties signing must be present during notarization with valid identification.
4. I agree to pay any travel or additional service fees as applicable.

Signature: _____

Date: _____

Cancellation Policy

1. **Late Cancellations:** Appointments canceled less than 24 hours in advance may incur a cancellation fee of \$25.
2. **No-Shows:** Failure to attend the scheduled appointment will result in a \$25 fee.

I understand and agree to the cancellation policy.

Signature: _____

Date: _____

Notary Use Only

To be completed by the Notary Public

- **Notary Name:** _____

- **Date of Notarization:** _____
- **Type of ID Verified:** _____
- **Document(s) Notarized:** _____
- **Seal/Stamp Applied:**
 - Yes
 - No