

FLORIDA JURAT
FS 117.05(13)

State of Florida }
County of _____ }

Sworn to (or affirmed) and subscribed before me by means of

Physical Presence,

— OR —

Online Notarization,

this _____ day of _____, _____, by
Day Month Year

Name of Person Swearing or Affirming

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

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

If no other jurat wording is prescribed, the Florida Jurat certificate may be used when an individual is signing and swearing (or affirming) that the statements in a document are true.

The individual must personally appear before the Notary and affix his or her signature on the document, not on this certificate. The Notary must

administer an oath or affirmation to the 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 is at the time of the 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 signer appears before Notary.
- 4 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card. (Signature goes on attached document.) Line through any remaining space.
- 5 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 6 and in seal.
- 6 NAME OF NOTARY,** printed, typed or stamped, exactly as it appears on commissioning papers, in space 5 and in seal.
- 7 HOW 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).

- 8 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: *type of card*" or (b) "the sworn written statement of a (two) credible witness(es): *name(s)*." Line through any remaining space.
 - 9 NOTARY SEAL IMPRINT,** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.
- SPACES 10–13 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.
- 10 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."
 - 11 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."
 - 12 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.
 - 13 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, insert "No Other Signers."

FLORIDA JURAT
FS 117.05(13)


State of Florida
1 County of Orange }

Sworn to (or affirmed) and subscribed before me by means of
2 Physical Presence,
 — OR —
3 Online Notarization,
 this 19th day of April, 20XX, by
 Day Month Year

Michael T. Smith **4**
 Name of Person Swearing or Affirming

Pat R. Jones **5**
 Signature of Notary Public — State of Florida

Pat R. Jones **6**
 Name of Notary Typed, Printed or Stamped

9 
 Place Notary Seal Stamp Above

Personally Known **7**
 Produced Identification **8**
 Type of Identification Produced: FL Drivers License

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: Affidavit of Loss **10**

Document Date: 4/3/20XX **11** Number of Pages: 4 **12**

Signer(s) Other Than Named Above: No Other Signers **13**

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