

JURAT



State of _____ }
County of _____ } ss.

Subscribed and sworn to (or affirmed) before me this

_____ day of _____, _____, by
Date Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, Expiration Date, etc.)*

OPTIONAL

*This section is required for notarizations performed in Arizona but is optional in other states.
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: _____



Jurat

This form may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

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 notarization.

3 DATE OF NOTARIZATION. Actual day, month and year in which the document signer(s) appeared before Notary to sign this certificate or an attached document and take an oath or affirmation.

4 NAME(S) OF SIGNER(S) appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card signatures. If there is only one signer, line through the second space to prevent later unauthorized insertion of a name.

5 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers and in seal.

6 ADDITIONAL INFORMATION. Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."

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

SPACES 8–11 ARE REQUIRED IN THE STATE OF ARIZONA and are optional in other states. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

8 TITLE OR TYPE OF DOCUMENT notarized, such as "Affidavit of Loss."

9 DATE OF DOCUMENT notarized. If certificate is being attached to a document, most but not all will have a date, usually at the top or following the signature. If none, insert "No Date."

10 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."

11 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 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."

JURAT


State of South Dakota }
County of Bennett } ss.

Subscribed and sworn to (or affirmed) before me this 12th day of January, 20XX, by
Date Month Year

Michael T. Smith
Name of Signer No. 1

Pat R. Jones
Signature of Notary Public

Any Other Required Information
(Residence, Expiration Date, etc.)

7 
Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. 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
Document Date: 1-2-20XX Number of Pages: One
Signer(s) Other Than Named Above: No other signers

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