

Jesse White • Illinois Secretary of State

Resident Notary Public Application

Index Department, 111 E. Monroe Springfield, IL 62756 Telephone: 217-782-7017

Type or Print Clearly				\$10 Filing Fee	
Commission Name Style: (Printed name must be identical to signature in Oath.) Male Female					
Last Name:		First Name:	М	Middle or Initial:	
Residence Address: (Street/route	e, City, ZIP)			County:	
Mailing Address: (P.O. Box, Suite	e, Apt.)	Home phone:		Business phone:	
Name of Employer:	'				
Address of Employment: (Street,	City, ZIP)				
Date of Birth: mm/dd/yyyy	Applying for: New Commission Renewal of Current Commission				
1 1	Current Expiration Date: Commission #:				
Has your name, address or coun	ity changed s	since your last commission?	Yes [] No	
If yes, please give previous name	e:				
and/or address:					
NOTARIAL OATH					
State of Illinois		County of			
 I am a U.S. citizen or an alie I have been a resident of Illi I am at least age 18 years of I have never been convicted I am able to read and write I have never had a notary p 	inois for at le or older. d of a felony. the English l	ast 30 days. anguage.			
-	the notary la	w of this State; and that, if appointe		on this application are true, complete and ommissioned as a notary public, I will perform	
Signature of Applicant:			_		
Notary Public Signature:			_		
Witnessed and Affirmed this day	_ of	20	_•	AFFIX SEAL HERE	

ILLINOIS NOTARY PUBLIC BOND

The Office of the Secretary of State does not rec	commend any particular bo	nding or insurance company.	
Know all by these presents, that we	Name of Applicant	(type or print)	as principal/applicant and
	Name and Address of Sure		
are held and firmly bound unto the People of th of which, well and truly to be made, we bind our presents.	•		
THE CONDITION OF THE ABOVE OBLIGATION IS the Secretary of State of the State of Illinois as			int has applied for appointment by
Now, if said principal/applicant shall truly and according to law, then the above obligation to be from the effective date of the principal's/application	be null and void, otherwise t	o remain in full force and vir	
x		x	
Signature of Principal/Notary Public Applican	nt	Signature of Authorized	d Representative of Surety Company
Bond Number must be placed in this box.		Corporate Seal must be pla	aced in this box.
THIS BOND MUST BE WRITTEN BY A COMPANY THE STATE OF ILLINOIS.	QUALIFIED WITH THE ILLIN	OIS DEPARTMENT OF INSURA	ance to write surety bonds in
Notary Public applications and commissions are	public records and are avai	lable to any interested perso	n for examination and copying.
NOTE: The Notary Public commission is not valid until the Notary Public should verify the accuracy of			
	DO NOT WRITE BELOW	V THIS LINE	