

Retain this page in your custody for future reference as to date mailed

INSTRUCTIONS
FOR THE NOTARY PUBLIC APPLICATION

Please read each question and answer carefully. Willfully making a false statement on this application is punishable by up to twenty years in state prison pursuant to General Laws Chapter 268, Sections 1, 1A.

This application is valid for out-of-state applicants.

INSTRUCTIONS FOR ANSWERING QUESTION 1:

Please type or clearly print your given first name plus family name (surname) with whatever middle initial(s), or middle name(s), if any, as bestowed with legal recognition. The fact that you have one legal name provides a lawful designation and way of distinguishing you from other individuals. Your surname can be changed at time of marriage, and either the given or surname may be changed by order of court. Be mindful of how you sign your name. You may wish to sign documents as a notary using only an initial or initials in place of the middle name or names.

HOW YOU WILL SIGN DOCUMENTS AS A NOTARY IS
HOW YOUR NAME SHOULD APPEAR ON LINE 1

- Please **staple** together the 4 pages of the application, and staple an up-to-date **resume**
Done at the end of the application.
- If you have a **business card** please staple it to the upper left corner of the first page
Done of the application.

Please mail the entire completed application with all pages stapled together, to:

Notary Public Office
Room 184, State House
Boston, MA 02133

We will process your application promptly. Because of constitutional time parameters this process may take as many as 18 days between the day on which you mail your application and the day when you receive a notice of approval.

Date of mailing: _____

Date 18 days after date of mailing: _____

It will be on or about this future date when you will be notified by mail.

When your application is favorably considered, you will be notified by the Secretary of the Commonwealth who will include with the notification of your appointment the directions for being sworn in. At the same time you will be provided with instructions as to the manner and method for paying the \$60 commission fee to the Secretary of the Commonwealth. **Please do not send a fee with this application.**

Do not send this page with your application

11. Current occupation: _____

12. Name of current employer _____

13. Name of current supervisor: _____

14. Length of residence in Massachusetts: _____

15. Previous residences for the past ten years: _____
Street address (post office box not acceptable)

City or Town	Zip Code	County	Length of time at this address
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Street address (post office box not acceptable)

City or Town	Zip Code	County	Length of time at this address
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Street address (post office box not acceptable)

City or Town	Zip Code	County	Length of time at this address
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16. Names and locations of schools or universities that you have attended since age 18:

17. Email address: _____

18. Please explain the reasons you are seeking a commission as a notary public:

TO BE COMPLETED BY THE APPLICANT:

I, _____, do hereby state under the pains and penalties of perjury:

_____(initial here) All of the information in this application and on my attached resume is accurate.

_____(initial here) I acknowledge that any false statement in this application or on my attached resume will be cause for revocation of the commission and may be prosecuted as a separate criminal offense.

_____(initial here) I understand that a notary public is empowered to perform the following notarial acts: (i) acknowledgments; (ii) oaths and affirmations; (iii) jurats; (iv) signature witnessings; (v) copy certifications; (vi) issuing summonses for witnesses pursuant to section 1 of chapter 233; (vii) issuing subpoenas; and (viii) witnessing the opening of a bank safe, vault or box pursuant to section 32 of chapter 167.

_____(initial here) I understand that a notary public may witness signatures on documents for use in Massachusetts and in other states. However, a notary public may only witness a signature so long as he or she is physically present in Massachusetts at the time of the notarization.

_____(initial here) I understand that a notary public is a public servant performing a public duty. If a notary public is performing notarizations at a place of business, the notary public may not decline to notarize a document for a person who is not conducting business with the notary public's employer. For example, if the notary public works at a bank, the notary public may not decline to notarize a document solely because a person is not a client of that bank.

_____(initial here) I understand that a notary public may only charge the amount set forth in statute for performing a notarization. It is the notary public's responsibility to know the proper amount to charge. In no case may a notary public charge more than the statutory amount.

_____(initial here) I understand that a notary public must ensure that the person signing a document to be notarized is who he or she says he or she is. This means that the person signing the document or acknowledging his or her earlier signature must appear **in person** before the notary public and the notary public must ask for and receive satisfactory evidence of identity from the person who signed the document before performing the notarization.

_____(initial here) I have read Chapter 222 of the General Laws, as amended by Chapter 289 of the Acts of 2016, and agree to comply with all of its terms. I understand that failure to do so may subject me to revocation proceedings as well as civil and criminal penalties. I take personal responsibility for my actions as a notary public.

Applicant's signature

Please be mindful how you sign your name. See instructions page.

TO BE COMPLETED BY A CURRENT MASSACHUSETTS NOTARY PUBLIC:

COMMONWEALTH OF MASSACHUSETTS)
_____, S.S.)

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was/were _____, to be the person who signed the preceding document in my presence and **who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.**

_____ (official signature and seal of notary)

My commission expires _____

Applicant's full name (print clearly) _____

TO BE COMPLETED BY FOUR REFERENCES

We, the undersigned, certify under the pains and penalties of perjury that the applicant:
(1) is known to each of us; (2) is of high standing and character; and (3) is in every way fitted for the position of Notary Public. We are willing that this certification may be made public, if necessary.

(1) Attorney*

Signature Date

Print Name Massachusetts Residence Relationship to applicant
(2) (City or Town)

Signature Date

Print Name Massachusetts Residence Relationship to applicant
(3) (City or Town)

Signature Date

Print Name Massachusetts Residence Relationship to applicant
(4) (City or Town)

Signature Date

Print Name Massachusetts Residence Relationship to applicant
(City or Town)

*This certificate must be signed by four persons, of whom one must be a member of the bar in good standing.

Please staple all four pages of the application, along with an up-to-date copy of your resume, to:

Notary Public Office
Room 184, State House
Boston, MA 02133

Do not send any payment with this application.