



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136

APPLICATION FOR NOTARY PUBLIC COMMISSION

This application must be typed or printed in ink. This form is designed to be completed and printed from your computer. You will not be able to save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (\*) are required. Return completed Application, Bond, and Oath together with the \$25.00 fee to the Secretary of State's Office.

This is a \*New Commission or Current Expiration date: \*; Notary ID Number
(←-----Check only one----->) (Date of current commission)

I, \* hereby make application for
(Type or print name exactly as you wish it to appear on your certificate. Do not use nicknames or aliases.)

appointment to the office of Notary Public.

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the office of Notary Public; I am at least 18 years of age and I have never been convicted of a disqualifying felony; I can read and write the English language; I am a Citizen or other legal resident of the United States; and I have been a legal resident for more than thirty (30) days in the State of Mississippi and reside at the following physical address:

Street Address: \* City: \* Mississippi Zip: \*

Telephone No: \*Mississippi Driver's License No \* Date of Birth: \*
(Or Non-Driver State ID No.)

County of Residence: \* PIN
(Any 4 digit numbers such as last four digits of SSN, DL, ID, or etc.)

Optional mailing address: City: , Mississippi Zip:

NOTICE: After filing with the Secretary of State's Office this document is a public record. The Secretary of State's Office collects certain sensitive personal information to determine your eligibility for the Office of Notary Public.

Please include a business/employer address and telephone number as you would like it to appear in the Notary Directory. If you do not include this information, you will be listed in the Notary Directory at your mailing or residential address.

Business Name: Job Title: Telephone:

Mailing address: City: State: Zip:

Street address: City: State: Zip:

I swear or affirm that the above information is true and correct.
Applicant Signature

Sworn to and subscribed before me this day of , 20.

State of Mississippi
County of:

Notary Public
My Commission Expires:

SEAL