



**NOTARY PUBLIC COMMISSION FORM**

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME \_\_\_\_\_

(If different than below)

(Middle Name or Initial, if used)

DAY PHONE \_\_\_\_\_ (Must be filled in) RES. PHONE \_\_\_\_\_

COUNTY IN WHICH YOU RESIDE (Must be filled in) \_\_\_\_\_ CURRENT EXP. DATE (Must be filled in) \_\_\_\_\_

EMPLOYERS NAME AND MAILING ADDRESS (If applicable) \_\_\_\_\_

CHANGE OF ADDRESS \_\_\_\_\_

(If different than above) (Number & Street, Rural or

P.O. Box)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**EASY INSTRUCTIONS:**

- 1. DETERMINE YOUR SELECTIONS FROM THE OTHER SIDE.
- 2. MAKE A CHECK PAYABLE TO **LMI NOTARY SERVICE**.
- 3. FOR CREDIT CARD CHARGES, COMPLETE THE FOLLOWING:

NAME OF CARDHOLDER: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

TYPE OF CARD: [ ] VISA [ ] MASTERCARD

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

- 4. MAKE ANY NECESSARY CHANGES TO NAME AND ADDRESS ABOVE.
- 5. RETURN THIS FORM WITH APPLICABLE CHECK IN ENCLOSED SELF-ADDRESSED ENVELOPE.
- 6. IF NOT SELECTING E & O INSURANCE, THE FOLLOWING MUST BE COMPLETED:

I HAVE BEEN OFFERED NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE FOR MY PERSONAL PROTECTION. HOWEVER, I ELECT TO DECLINE THE COVERAGE.

**X** \_\_\_\_\_

\_\_\_\_\_  
**DATE**

**Return to:**  
**LMI NOTARY SERVICE \* 208 JAMES ST., SUITE B**  
**SEATTLE, WA 98104**  
**1-800-886-5299 Fax (206) 628-4690**

Commission # \_\_\_\_\_ Expiration Date of New Commission \_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS A NOTARY PUBLIC IN THE STATE OF INDIANA**

**LMI NOTARY SERVICE**

Complete and Return to:

**208 JAMES ST., SUITE B, SEATTLE, WA. 98104**

**TOLL FREE: 1-800-886-5299**

To: THE GOVERNOR OF INDIANA

*I respectfully request that I be appointed and commissioned a Notary Public. In support of my application I submit herewith the required bond, oath of office, and fee of FIVE DOLLARS (\$5.00), payable to the Secretary of State, in the form of a check or money order. (Do not send currency in the mail.) (IC 33-16-2-1)*

PRINT OR TYPE

1. Name: \_\_\_\_\_  
Your legal name in which commission will be issued - see instruction #3

2. Home Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code

3. County of Residence: \_\_\_\_\_

4. Business or Employer's Name \_\_\_\_\_

5. Business or Employer's Address \_\_\_\_\_  
Number and Street City State Zip Code

6. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Number (Area Code) Number

7. If you have a current, valid notary commission show your expiration date:  
\_\_\_\_\_, 19/20 \_\_\_\_\_

8. If you are now a notary public and your name or county has changed since your last application, please give both old and new information:  
Old: \_\_\_\_\_  
New: \_\_\_\_\_

**9. NOTARIAL OATH**

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County in which oath is administered)

I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of Indiana; that I am duly qualified to hold office under the Constitution and the laws of the State; that I am 18 years of age or over; that I am of good moral character and integrity; that I am a resident of Indiana; that my answers to questions on this application are true and complete to the best of my knowledge; that I have carefully read all of the instructions which came with this application, and that I will faithfully and impartially discharge the duties of NOTARY PUBLIC if so commissioned by the Governor, according to the best of my skill and ability, so help me God (or under the pains and penalties of perjury).

**X**  
\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn or affirmed to before me, this \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. 19/20\_\_\_\_\_. IN TESTIMONY WHEREOF, I, \_\_\_\_\_  
have hereunto set my hand and official seal. (Printed or typed name of officer)

Place Officer's Seal Here

\_\_\_\_\_, a \_\_\_\_\_ for the  
(Signature of a notary public or other officer authorized to administer oaths) (Office)  
County of \_\_\_\_\_, State of Indiana.  
(Officer's County of Residence)

My commission expires: \_\_\_\_\_

**NOTE:** The Bond Form, starting with #10 on the back of this application, must be completed before mailing to the Secretary of State. The applicant must sign again in #10.

10. NOTARIAL BOND

KNOW ALL MEN BY THESE PRESENTS, That we \_\_\_\_\_ as principal  
(Name of Applicant)

(Applicant) and \_\_\_\_\_ CONTRACTORS BONDING AND INSURANCE COMPANY  
(Name of Surety)

of \_\_\_\_\_ P.O. Box 9271- Seattle, Washington 98109-0271 \_\_\_\_\_ and \_\_\_\_\_ KING \_\_\_\_\_ County  
as freehold or corporate surety, are held and firmly bound unto the State of Indiana, in the penal sum of FIVE THOUSAND DOLLARS  
(\$5,000.00), the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, firmly by these  
presents.

WITNESS our signatures as acknowledged below. THE CONDITION OF THE ABOVE OBLIGATION IS AS FOLLOWS, TO WIT:  
WHEREAS, the above bound principal has applied for appointment by the Governor of the State of Indiana as a Notary Public, in and for  
the State of Indiana, for an eight-year term.

Now, if the said principal shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according  
to the law, then the above obligation to be null and void, otherwise to remain in full force and virtue in law. The term of this bond is from the  
effective date of the principal's commission to the expiration date of the same.



X \_\_\_\_\_  
(Signature of Principal, Must be acknowledged below in #11.)

\_\_\_\_\_  
(Signature of Surety. Must be acknowledged below in #12.)  
Attorney-in-fact

11. ACKNOWLEDGMENT OF PRINCIPAL'S SIGNATURE BY A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGMENTS.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ : SS:

Before me the undersigned, an officer authorized to take the acknowledgment of deeds (Notary Public, County Clerk, etc.) personally  
appeared \_\_\_\_\_ and acknowledged the execution of the foregoing bond  
(Printed or typed name of principal)

for the uses and purposes therein expressed, without condition or reservation.

Place Officer's Seal Here

IN TESTIMONY WHEREOF, I, \_\_\_\_\_, have hereunto  
(Printed or typed name of officer)

set my hand official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 19/20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of authorized officer) (Office)

for the County of \_\_\_\_\_, State of \_\_\_\_\_  
(Officer's County of residence)

My commission expires: \_\_\_\_\_

12. ACKNOWLEDGMENT OF SURETY'S SIGNATURE (Freehold or Corporate) BY NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGMENTS. (NOTE: the officer can not acknowledge his own signature.)

STATE OF \_\_\_\_\_ WASHINGTON \_\_\_\_\_ COUNTY OF \_\_\_\_\_ KING \_\_\_\_\_ : SS:  
County in which acknowledgement is being made

Before me the undersigned, an officer authorized to take the acknowledgment of deeds (Notary Public, County Clerk, etc.) personally  
appeared \_\_\_\_\_ and acknowledged the execution of the foregoing bond  
Printed or typed name of individual signing as surety

for the uses and purposes therein expressed, without condition or reservation.

Place Officer's Seal Here

IN TESTIMONY WHEREOF, I, \_\_\_\_\_, have hereunto  
(Printed or typed name of officer)

set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 19/20 \_\_\_\_\_

\_\_\_\_\_, a NOTARY  
(Signature of authorized officer) (Office)

for the County of \_\_\_\_\_, State of \_\_\_\_\_  
(Officer's County of residence)

My commission expires: \_\_\_\_\_

For the statute pertaining to surety company bonds see Indiana Code 27-1-22. For the statutes pertaining to Officer's Bonds and Oaths see Indiana Code 5-4.