



State of Illinois - Resident
Application for a Commission as a Notary Public
 Jesse White, Secretary of State
 Index Department, 111 E. Monroe, Springfield, IL 62756
 Telephone: (217) 782-7017

OFFICE USE
 DO NOT WRITE IN THIS AREA

Complete application & bond on reverse side and return with \$10 fee payable to Secretary of State

PRINT OR TYPE

1. NAME _____
 (This name must appear as it is signed in #13)

HOME ADDRESS _____

CITY, STATE, ZIP _____

COUNTY OF RESIDENCE _____ HOME PHONE NUMBER _____

2. NAME OF BUSINESS/EMPLOYER _____

STREET _____

CITY, STATE, ZIP _____

WORK PHONE NUMBER _____

Circle Yes or No for the following questions.

- | | | |
|---|-----|----|
| 3. Are you a citizen of the United States or an alien admitted for permanent residence? | Yes | No |
| 4. Are you 18 years of age or older? | Yes | No |
| 5. Have you been a resident of Illinois for at least 30 days? | Yes | No |
| 6. Are you able to read and write the English language? | Yes | No |
| 7. Have you had a Notary Commission revoked within the last 10 years? | Yes | No |
| 8. Have you ever been convicted of a felony? | Yes | No |
| 9. Have you ever been an Illinois Notary Public? | Yes | No |

If you answered yes to question #9, please complete #10 through #13. If you answered **no** complete #13

10. When did/does your commission expire: Month _____ Day _____ Year _____ Commission # _____

Affix the impression of your seal in the box below.



11. Has your name changed since your last commission was issued? Yes No

If yes, please give previous name. _____

12. Has your address changed since your last commission was issued? Yes No

If yes, please give previous address.

Address: _____

City, State, ZIP: _____

County: _____

13. NOTARIAL OATH

STATE OF ILLINOIS)

_____ COUNTY)

I, _____ (name of applicant) do solemnly affirm, under the penalty of perjury, that the answers to all questions in this application are true, complete, and correct; that I have carefully read the notary law of this State; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law.

X _____

(Signature of Applicant — This name must be signed as it appears in #1)

Subscribed and affirmed before me this _____ day of _____ Yr. _____

SEAL

X _____

(Signature of Illinois Notary Public)

ILLINOIS NOTARY PUBLIC BOND

Know all by these presents, that we _____ as principal/applicant
(name of applicant)

and _____
(name and address of surety company)

are held and firmly bound unto the People of the State of Illinois, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, whereas, the above bound principal/applicant has applied for appointment by the Secretary of State of the State of Illinois as a Notary Public for a four year term.

Now, if said principal/applicant shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according to 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/applicants commission to the expiration date of the same.

X _____
(Signature of Principal/Notary Public applicant)

X _____
(Signature of authorized representative of surety company)

(print or type name of the above)

Notary public applications and commissions are public records and are available to any interested person for examination and copying

BONDING COMPANY
CORPORATE SEAL
MUST BE
AFFIXED HERE

BOND NUMBER _____

THIS BOND MUST BE WRITTEN BY A COMPANY QUALIFIED WITH THE ILLINOIS DEPARTMENT OF INSURANCE TO WRITE SURETY BONDS IN THE STATE OF ILLINOIS.

THE OFFICE OF THE SECRETARY OF STATE DOES NOT RECOMMEND ANY PARTICULAR BONDING COMPANY.

YOUR COMMISSION WILL BE SENT TO THE OFFICE OF THE COUNTY CLERK IN WHICH YOU RESIDE.

OFFICE USE--DO NOT WRITE BELOW THIS LINE
