

APPLICATION FOR NOTARY PUBLIC COMMISSION

- Please type or print in ink. Name will appear on certificate as it is entered on this form.
- Fields marked with an asterisk (*) are required. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.
- Return completed application to: Notary Public Underwriters of Mississippi, Inc. • P. O. Box 23427 • Jackson, MS 39225-3427 • 800.826.3112

This is a New Current Commission (Check only one) Expiration Date: _____ Notary ID#: _____
(Current Commission - MM/DD/YYYY)

Name(s) of Applicant: * _____

Email Address* _____

1. Street Address:* _____ City:* _____ MS Zip Code:* _____

2. Optional Mailing Address: _____ City:* _____ MS Zip:* _____

3. Telephone: Home:* _____ Fax: _____ Email: _____

Other Required Information:

4. Date of Birth:* _____ MS Driver's License #: * _____ PIN:* _____
(or Non-Driver MS ID #) (Any 4 digits such as last 4 of SSN)

5. County of Residence:* _____

Business/Employer Information: This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Website.

6. Business Name: _____ Telephone: _____

7. Street Address:* _____ City: * _____ Zip:* _____

8. Mailing Address: _____ City: _____ Zip:* _____

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 physical residential address provided on this application.

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

X _____
(Signature of Applicant)

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

State of Mississippi
 County of: _____

Notary Public _____

SEAL

My Commission Expires: _____

Mississippi

UNIVERSAL SURETY OF AMERICA

BOND AND OATH OF NOTARIES PUBLIC

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. _____

That we, _____, as Principal, and UNIVERSAL SURETY OF AMERICA, a corporation duly licensed to do business in the State of Mississippi, as Surety, are held and firmly bound unto the State of Mississippi in the penal sum of Five Thousand Dollars (\$5,000) for the payment of which well and truly to be made, we, and each of us, bind ourselves, our and each of our heirs, executors and administrators jointly and severally, and firmly by these presents.

Dated this _____ day of _____, _____.

THE CONDITION OF THIS BOND IS SUCH: Whereas, the above named Principal has been appointed a notary public for the State of Mississippi for a term of four (4) years and shall faithfully perform the duties of said office of Notary Public, then this shall become null and void, otherwise it shall remain in full force and effect from the date of the commission.

X _____
Signature of Applicant - Principal

UNIVERSAL SURETY OF AMERICA

By _____
Signature of Mississippi Agent

Mississippi License No. **8904226**

NOTARY PUBLIC UNDERWRITERS, INC.

Agency Name

PO BOX 23427 JACKSON MS 39225-3427 • 800.826.3112

Agency Address

Telephone Number



OATH OF OFFICE

STATE OF MISSISSIPPI

County of _____

I, _____, do solemnly swear (or affirm) that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi, and obey the laws thereof; that I am not disqualified from holding office of Notary Public; that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

X _____
Signature of Applicant

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

My commission expires

_____, _____

XX _____
Notary Public Signature