

MISSISSIPPI SECRETARY OF STATE'S OFFICE
Post Office Box 1020
Jackson, Mississippi 39215-1020

APPLICATION FOR NOTARY PUBLIC COMMISSION

- Please type or print in ink. Name will appear on certificate as it is entered on this Form.
This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software.
Fields marked with an asterisk (\*) are required.
Return completed Application with the \$25.00 fee to the Secretary of State, Business Services Division, P.O. Box 1020, Jackson MS 39215-1020.

This is a [ ] New [ ] Current Commission Expiration Date: \_\_\_\_\_ Notary ID#: \_\_\_\_\_
(Check only one) (Current Commission)

Name(s) of Applicant: \* \_\_\_\_\_

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. \_\_\_\_\_

(Signature of Applicant)

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

State of Mississippi
County of: \_\_\_\_\_

Notary Public \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_