



State of Missouri
 Robin Carnahan, Secretary of State

Commissions
 PO Box 784, Jefferson City, MO 65102
 Toll-Free (866) 223-6535 or (573) 751-2783

Application for Commission as a Notary Public

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
 (This name must appear as it is signed in #18)
2. Home Address _____
 City _____ State _____ Zip Code _____
3. County of Residence (St. Louis City Residents, please specify St. Louis City) _____
4. Daytime Phone Number _____ E-mail address _____
5. Employer/Name of Business _____
 Street _____
 City _____ State _____ Zip Code _____
6. Missouri Commission Number (if reapplying) _____
7. Previous Commission Expiration Date (if any) _____
8. Previous Name (if your name has changed) _____

Check YES or NO for the following questions:

9. Are you at least eighteen years of age? YES NO
10. Are you a registered voter of the county for which you have applied to be commissioned or a permanent resident alien? (Section 245, Immigration and Nationality Act requires that you, attach a copy of your green card) YES NO
11. Do you live in the county within and for which you have requested to be commissioned? YES NO
12. Are you able to read and write the English language? YES NO
13. Have you been refused a commission as a notary public or had a commission revoked? YES NO
(If yes, attach a separate letter indicating reason and date.)
14. Have you ever been convicted of or pled guilty or nolo contendere to any felony? YES NO
(If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.)
15. Have you ever been convicted of or pled guilty or nolo contendere to any misdemeanor incompatible with the duties of a notary public? YES NO
(If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.)
16. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public? YES NO
17. Have you completed a state-approved notary training? YES NO
(Attach your certificate of completion or your completed written notary training form.)

18. **NOTARIAL OATH**
 STATE OF MISSOURI

I, the person named above, do swear or affirm, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a Missouri notary public.

X _____
Signature of Applicant (Signature MUST appear as it is typed or written in #1 above)