

**County Seal**



**MICHIGAN DEPARTMENT OF STATE  
OFFICE OF THE GREAT SEAL**

For County Use Only	
County name	
Date of oath and bond	
Oath administered by, and bond filed with:	<input type="checkbox"/> Attorney (oath only)  <div style="text-align: right;">(Clerk's initials)</div>

**APPLICATION FOR MICHIGAN NOTARY PUBLIC COMMISSION**

**(Please print or type; all fields are required)**

1. Driver's license or personal identification card number:		Issuing state:	
2. Full name (first/middle/last):			
3. Residence address: (no PO boxes)		City:	State:      Zip:
4. Date of birth:	5. E-mail address:		
6. Business address:		City:	State:      Zip:
7. If you are a licensed attorney in Michigan, enter your State Bar number: P- (skip if you are not a licensed attorney)			
8. County: Please check, the above is your: <input type="checkbox"/> County of residence <input type="checkbox"/> County of employment (if you are a non-Michigan resident)			
9. Telephone numbers: Residence:		Business:	
10. Please describe date and circumstance of any felony or misdemeanor convictions during the previous ten years in this or any other state. Attach additional pages if necessary. If none, please indicate N/A.			
11. If you currently hold or have ever held a notary public commission in this or any other state, please provide the expiration date and the state that issued the most recent commission. My commission expires/expired (month/day/year):			
		Issuing state:	
12. Have you ever had a notary public appointment revoked, suspended, restricted, or cancelled, or applied for and been denied commission, in this or any other state? If yes, please explain. Attach additional pages if necessary. If none, please indicate N/A.			

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; am a U.S. citizen or possess proof of legal presence; am able to read and write in the English language; am not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete, and correct; that I have carefully read the notary laws of Michigan; 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. I understand that all information contained on this application is subject to disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231, et seq. I am enclosing a check or money order in the amount of \$10.00, payable to the State of Michigan, which I understand is a nonrefundable application processing fee.

**COMMISSIONED  
NAME:**

\_\_\_\_\_  
Clearly print or type your name, as it will appear on documents you notarize.

**SIGNATURE:**

\_\_\_\_\_  
Sign your name, as it will appear on documents you notarize. Your signature must match your name printed above.