

APPLICATION FOR NOTARY PUBLIC COMMISSION RENEWAL

I. APPLICANT INFORMATION				
Name First/Middle/Last	Address	Phone	DOB	Sex

II. AFFIDAVIT

Georgia, GORDON County

To the Honorable GRANT WALRAVEN, Clerk of GORDON Superior Court:

I, the undersigned, in making this application for a Notary Public Commission, do hereby state that:

1. I am a legal resident in this county and reside at the address shown above OR I am a resident of a state bordering on the State of Georgia and carry on a business or profession in the State of Georgia in this county or am regularly employed in the State of Georgia in this county at the address shown above;
2. I am at least eighteen years old, and my age and sex are shown above;
3. I am a United States citizen or I am a legal resident of the United States;
4. I have an operating phone, the number is listed above; and
5. I can read and write the English language.

I, the undersigned applicant, further state that I submit this application to be appointed a notary public pursuant to the provisions of Title 45, Chapter 17, Article 1, as amended, of the Official Code of Georgia Annotated. I list below all denials, revocations, suspensions, restrictions, or resignations of any notary commission held by me and list below all my criminal conviction(s), including any plea(s) of nolo contendere, except minor traffic violations:

III. DECLARATION OF APPLICANT AND NOTARY PUBLIC

A.

I, the undersigned applicant, do solemnly swear/affirm under penalty of perjury that the personal information I have written in this application is true, complete and correct.

Signature of Applicant

Georgia, GORDON County

B.

On the date and time written herein, the person who signed the preceding declaration appeared before me and, in my presence, swore/affirmed that he/she understood the document and freely declared it to be truthful.

Official Seal of Notary

Official Signature of Notary

IV. APPOINTMENT OF NOTARY BY CLERK OF SUPERIOR COURT

Having read and considered the application of this applicant and it appearing that the above-named applicant has met the requirements to be appointed a notary public, it is hereby ordered that applicant is hereby appointed pursuant to O.C.G.A. section 45-17-2.4 a notary public for a four year term beginning on the date specified, upon his/her taking and subscribing the oath prescribed by law.

Term of Appointment		Clerk/Deputy Clerk of Superior Court
Beginning		
Ending		

V. OATH OF OFFICE

Georgia, GORDON County

I, the undersigned applicant for a notary public commission, do solemnly swear/affirm that I will well and truly perform the duties of a notary public to the best of my ability; and I further swear/affirm that I am not the holder of any public money belonging to the state and unaccounted for, so help me God.

Date:		<i>Signature of Applicant</i>
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Sworn and subscribed before me on the date written.

Date:		<i>Clerk/Deputy Clerk of Superior Court</i>
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VI. E-MAIL ADDRESS

Optional e-mail address to be displayed on the www.gscca.org Notary Search: _____