

State of New Hampshire

Department of State  
State House – Room 204  
Concord, N.H. 03301  
603-271-3242



NOTARY PUBLIC Application

PRINT CLEARLY

Name \_\_\_\_\_  
First name Middle Initial Last Name

Residential Street Address: \_\_\_\_\_

City/Town State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

I declare that I am of legal age and a resident of the State of New Hampshire. I respectfully solicit of the Honorable Governor and Executive Council an appointment as Notary Public for the State of New Hampshire.

I have never been convicted of a crime that has not been annulled by a court, other than minor traffic violations, with the exception of: (state details) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ seal/stamp

Signature of Applicant

Notary Public/Justice of the Peace

Print this form. After completing and signing, mail the ORIGINAL to Secretary of State's Office WITH THE CRIMINAL RELEASE AUTHORIZATION FORM and the \$75. fee.

This application must have the signatures of three individual endorsers, two of whom shall be New Hampshire Notaries Public in good standing and one registered voter in the state.

NOTARY PUBLIC for New Hampshire

NOTARY PUBLIC for New Hampshire

Signature of Endorser

Signature of Endorser

Print Name of Endorser

Print Name of Endorser

Street Address

Street Address

City/Town/State/zip code

City/Town/State/zip code

REGISTERED VOTER of New Hampshire

Signature of Endorser

Print Name of Endorser

Street Address

City/Town/State/zip code

Fee of \$75.00 must accompany this application.  
Make check payable to: Treasurer, State of New Hampshire  
**Applications require 8-10 weeks to process**

FOR OFFICE USE ONLY  
Check No. \_\_\_\_\_  
Amount: \_\_\_\_\_

The State of New Hampshire



Department of State

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I PLEASE TYPE OR PRINT CLEARLY

Name: Last (Maiden) First Middle

Residential Address: Street City State Zip Code

Date of Birth: Hair Color: Eye Color:

Driver License Number: State:

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Signature Date:

SECTION II AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION

I hereby authorize the release of my criminal conviction record information to: New Hampshire Secretary of State 107 North Main Street, Room 204 Concord, NH 03301

Applicant's Signature:

Signed before me this day of, 20 seal

Notary Public/Justice of the Peace

(Commission expiration date)

Recipient's Signature: Deputy Secretary of State