

Non-resident Notary Public Application
Alexi Giannoulas — Illinois Secretary of State



Last Name:		First Name:		Middle Name or Initial:	
Name of Business Employer:		Driver's License or State ID Card Number (attach a photocopy):			
Business Address: Street:		City:		State:	ZIP:
Business Telephone Number:		Date of Birth:	Applying for: <input type="checkbox"/> New Commission <input type="checkbox"/> Renewal of Commission		
Business Web Address:		Current Expiration Date: _____ Commission Number: _____			
County of Business:		Email:		Home Phone:	
Home Address: Street:		City:		State:	ZIP:
Has your name, address or county changed since your last commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," give previous name, address and/or county: Will you perform Notarizations remotely by means of Audio-Video Communication? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been a notary public in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list the states: _____					

NOTARIAL OATH

State of Illinois, County of _____

1. I am a U.S. citizen or lawfully admitted for permanent residence.
2. I have been a resident of Illinois for at least 30 days.
3. I am age 18 or older.

4. I have never been convicted of a felony.
5. I am proficient in the English language.
6. I have never had a notary public commission revoked in the last 10 years.

I do solemnly affirm, under the penalty of perjury, that the answers to all statements on this application are true, complete and correct; that I have carefully read the notary law of the State of Illinois; 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. Further, my signature below authorizes the Office of the Secretary of State to conduct a background verification, including a criminal background check to confirm the assertions and information provided in the application and to compare and use for official purposes any Illinois driver's license or state identification card information contained in the office's master record.

Printed Name (must match your driver's license/ID card) _____

Signature of Applicant
as Printed Above _____

Notary Public Signature: _____

Witnessed and Affirmed this _____ day of _____, 20 _____

AFFIX NOTARY SEAL HERE

NOTARY PUBLIC BOND

THIS BOND MUST BE WRITTEN BY A COMPANY QUALIFIED WITH THE ILLINOIS DEPARTMENT OF INSURANCE TO WRITE SURETY BONDS IN THE STATE OF ILLINOIS. The Office of the Secretary of State does not recommend any particular bonding or insurance company.

Know all by these presents that we _____ as principal/applicant and _____ are held firmly bound unto the People of the State of Illinois, in the penal sum of \$5,000 or \$30,000 (Circle One; See Instructions) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, whereas, the above bound principal/applicant has applied for appointment by the Secretary of State of the State of Illinois as a Notary Public for a one-year term.

Now, if said principal/applicant shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according to law, then the above obligation to be null and void, otherwise to remain in full force and virtue in law. The term of this bond is from the effective date of the principals/applicant's commission to the expiration date of the same.

X _____
Signature of Principal/Notary Public Applicant

X _____
Signature of Authorized Representative of Surety Company

BOND NUMBER

AFFIX CORPORATE SEAL HERE

