



NOTARY PUBLIC APPLICATION

Notaries public are appointed by the Governor pursuant to Title 29, Chapter 43, Delaware Code. Your application will not be accepted unless ALL areas are completed.

PLEASE PRINT OR TYPE

(Select one:)

Name of Applicant Birthdate: (First/Middle/Last) (Month/Day/Year)

Home Address (Street P.O. Box, etc.) (City) (State) (Zip) (County)

If you have ever been convicted of a crime (except for minor traffic violations), please list offense, date and state.

Is this a request for a new appointment? Is this a request for a reappointment? Term requested: (Check one - New appointment for two years only) 2 years (\$53.00) 4 years (\$78.00)

With what business organization are you associated?

Business Name

Business Address

City/State Zip Telephone

State the nature of your business and the reasons for believing that a notary public commission in your name is needed.

Give the names, addresses, etc., of two legal residents of Delaware (not related to you) who are qualified as references with respect to your character and reputation:

(Name) (Telephone) (Street, P.O. Box, etc.) (City) (Zip)

(Name) (Telephone) (Street, P.O. Box, etc.) (City) (Zip)

(Do not write in the space below)

When does your present notary public commission expire?

Month/Day/ Year

Signature of Applicant