

**Non-resident Notary Public Application**  
 Jesse White — Illinois Secretary of State



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**RETURN UPON COMPLETION TO:** Notary Public Association, PO Box 1101, Crystal Lake, IL 60039-1101

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 (P.O. Box not acceptable):					
Street:		City:		State:	ZIP Code:
Business Telephone Number:		Date of Birth:	Applying for: <input type="checkbox"/> <b>New Commission</b> <input type="checkbox"/> <b>Renewal of Commission</b>		
Current Expiration Date: _____ Commission Number: _____					
County of Business:				Home Phone:	
Home Address (P.O. Box not acceptable):					
Street:		City:		State:	ZIP Code:
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: _____					
1. I am a U.S. citizen or an alien admitted for permanent residence.		4. I have never been convicted of a felony.			
2. I have worked or maintained a business in Illinois for 30 days.		5. I am able to read and write the English language.			
3. I am age 18 or older.		6. I have never had a notary public commission revoked in the last 10 years.			
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: _____					
<b>NOTARIAL OATH</b>			<b>State of Illinois, County of _____</b>		
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 to confirm the assertions and information provided herein.					
Printed Name as you want commissioned _____					
Signature of Applicant as Printed Above <b>X</b> _____				<b>AFFIX NOTARY SEAL HERE</b>	
Notary Public Signature: <b>X</b> _____					
Witnessed and Affirmed this _____ day of _____, 20 _____					

**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 West Bend Mutual Insurance Company, 8401 Greenway Blvd, Ste 1100, Middleton, WI, 53562 are held firmly bound unto the People of the State of Illinois, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), 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's/applicant's commission to the expiration date of the same.

**WEST BEND MUTUAL INSURANCE COMPANY**

X _____ Signature of Principal/Notary Public Applicant	X _____ Anthony M Flannigan, Attorney-In-Fact
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<b>BOND NUMBER</b> 12-681 --	<b>AFFIX CORPORATE SEAL HERE</b>
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