



**DELAWARE NOTARY PUBLIC APPLICATION
FOR CERTAIN SERVICE ORGANIZATIONS**

Notaries Public are appointed by the Governor pursuant to 29 Del. C. Chapter 43. The requirements are found at http://notary.delaware.gov/services/service_org_app_instru.shtml. Please read the requirements before completing the application. Your application will not be accepted unless **ALL** areas are completed. Please list the applicant name exactly as it should appear on the Notary Commission. **Note:** An initial is acceptable for *either* the first or middle name (not both) in lieu of the full name.

PLEASE PRINT OR TYPE

(Select one:) Miss Mrs. Ms. Mr.

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

Home Address _____
(Street) (City) (State) (Zip) (County)

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

Important: Persons who have been convicted of a felony and persons convicted of any crime involving dishonesty or moral turpitude who have not received a restoration of rights are ineligible for a Delaware Notary Public Commission.

Delaware resident non-resident, State of _____

Please provide the information below for the applicable qualified Service Organization (volunteer fire company, volunteer ambulance and rescue company or veterans' organization)

Company/Organization Name: _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Important: This application form **must** be accompanied by the employer approval form.

Note: Notary Public Commissions under this category are for the term of 4 years with no application fee. Notaries commissioned under this category can only perform notarial acts in connection with their organization and without charge as follows:

- In the case of a notary appointed for a veterans' organization, for the benefit of any veteran, his/her family or dependents
- In the case of a notary appointed for a volunteer fire company or volunteer ambulance and rescue company, for the benefit of any member of the organization to include his/her family and dependents.

Pursuant to 29 Del. C. Chapter 43, §4307(f), any person knowingly or willfully making any false or fraudulent statement or misrepresentation in this application shall be guilty of perjury. By signing below, I hereby certify the information contained in this application is true and correct.

Signature of Applicant

Date

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|---|
| (Do not write in this space) Official use only # _____ Date: _____ |
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