



DELAWARE NOTARY PUBLIC APPLICATION

Notaries Public are appointed by the Governor pursuant to 29 Del. C. Chapter 43. The requirements are found at <http://notary.delaware.gov/services/npinstru.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 _____

Request for new appointment (2 year term only - \$60 **non-refundable** fee)

Request for reappointment – present Commission expires on: _____ 2 year term
(\$60 **non-refundable** fee)
or
4 year term
(\$90 **non-refundable** fee)

With what business organization are you associated?

Business Name: _____

Business Address _____

City State Zip Telephone

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

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

(Do not write in this space) Official use only

_____ Date: _____