

ATTORNEY APPLICATION FOR NOTARY PUBLIC COMMISSION

NAME _____
Please print your name as you want it to appear on your notary commission

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE NOTARY PUBLIC APPLICATION

The Notary Public examination is waived for attorneys. There is a \$25.00 application fee which is payable to the Clerk of Courts. Once your completed notary application and application fee are received, your state application for the appointment of Notary Public will be mailed to you as soon as possible. An instructional guide for the completion of the notary application process will be mailed along with your state application. If you have any questions about this process, please call (740) 652-7433 or (614) 322-5275.

Upon receiving your notary commission from the Commission Clerk for the Secretary of State, you must take the oath of office, and have your commission recorded in the Clerk of Courts' Office, Room 212 in the Hall of Justice, Lancaster, before performing any notarial duties. You may purchase your stamp after you have had your commission recorded.

1. How long have you been a resident of the State of Ohio? _____

2. Are you a resident of Fairfield County? YES NO

3. Have you been a resident of Fairfield County for at least 30 days? YES NO

4. Are you 18 years of age or older? YES NO

5. In what township, village or city do you reside? _____

6. Your mailing address (including zip code) _____

Your physical address, if using a P.O. Box _____

Home Phone # _____ Work Phone # _____

7. Circle the last grade of school completed by you. 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? YES NO

School name and location _____

College name and location _____

How long? _____ years _____ months Did you graduate? YES NO

8. Are you employed outside the home? YES NO If yes, list the name and address of your employer:

List your employment during the last five years:

From-to Occupation Name of Employer Address

9. Have you ever in the past entered a plea of guilty to or been convicted of a felony? YES NO

10. Have you ever been removed from any office for reasons involving moral turpitude or had a business or professional license revoked? YES NO

11. Have you held a commission as a Notary Public in any other state or county? YES NO

Name of state or county _____

Expiration date of commission _____

12. Have you ever been removed from the office of Notary Public? YES NO

If yes, for what reason _____

13. What is your attorney registration number? _____

PLEASE HAVE YOUR SIGNATURE NOTARIZED BEFORE RETURNING THIS FORM.

State of Ohio, County of _____

_____, being first duly sworn, states that the statements contained in the foregoing
Print Applicant's Name
application are true as he/she verily believes.

Sign Your Name

Sworn to me and subscribed in my presence this _____ day of _____, 20__.

Notary Public, State of Ohio

APPLICATION FEE \$25.00

RECEIVED THIS _____ DAY OF _____, 20__.

BY _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND \$25.00 CHECK OR MONEY ORDER
MADE PAYABLE TO **THE CLERK OF COURTS** TO THE FOLLOWING:

KELLY R. STARKEY
HALL OF JUSTICE
224 EAST MAIN STREET, ROOM 102
LANCASTER, OHIO 43130