Notary Acknowledgement Template

**State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **(Date) (Notary)**

**Personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **(Signers)**

**Personally known to me**

 **-- OR --**

**Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)**

**is/are subscribed to the within instrument and acknowledged to me that he/she/they**

**Executed the same in his/her/their authorized capacity (ies), and that by his/her/their**

**Signature on the instrument the person(s) or the entity upon behalf of which the**

**Person acted, executed the instrument**

**WITNESS my hand and official seal**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(notary signature)**

**My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPTIONAL INFORMATION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The information below is not required by law. However, it could prevent fraudulent**

**attachment of this acknowledgement to an unauthorized document.**

**CAPACITY CLAIMED BY SIGNER (PRINCIPAL)**

**(Check One)**

**Individual\_\_**

**Corporation Officer\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Title**

**Partner(s)\_\_**

**Attorney-In-Fact\_\_**

**Trustee(s)\_\_**

**Guardian/Conservator\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNER IS REPRESENTING:**

**Name of Person(s) OR Entity(ies)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Other**

**Right Thumbprint**

**of Signer**

**(if required)**