

State of South Dakota Notary Public Application, Oath & Bond

Filing Fee: \$30.00

MAKE IMPRINT OF SEAL HEI	RE Submit to: Se	ecretary of State, 50	0 East Capito	I Ave, Pierre, S	D 57501
	Type or print neatly - please read instructions. TO THE SECRETARY OF STATE OF SOUTH DAKOTA: I hereby respectfully apply to be commissioned as a Notary Public for the State of South Dakota.				
	NAME	(enter your name exactly as found on your seal imprint)			
	ADDRESS				
	STATE ZIP				
	COUNTY				
Complete the following if you res	side in an out-of-state co	ounty bordering South Dal	kota:		
Employer/Business Name					
South Dakota Business Address	Street	Ci	ity	State	 Zip
Have you ever been a SD Nota	ary Public? Yes _	No If yes, when did	d/does your com	ımission expire? _	
Date of Birth	Hav	ve you ever been convi	icted of a felony	?	
STATE OF SOUTH DAKOTA COUNTY OF	_	OATH			
I,	hai	na firet duly eworn, donos	so and state that th	he answers to the g	loctions on
this application are true and compl requirements of SDCL 18-1-1. I do State of South Dakota and that I w Dakota according to the law and to	o solemnly swear that I vill faithfully and impartial	will support the Constitution Ily perform the duties of a	on of the United S	States and the Const	itution of the
Dated	_		(Applicant	t's Signature)	
		BOND	(Арріісані	is Signature)	
		Вс	ond No		
(If a Personal Surety is bein	g used, omit the foll	owing and complete	the Personal S	urety form on the	e backside)
We	,	as principal, and			are
(name of notary applicant) bound to the State of South Dakota representatives, executors, and accommission as a Notary Public of the date of appointment. If the Prior South Dakota, then the above o) a in the penal sum of \$5 dministrators jointly and s the above-named Princi ncipal performs well and	5000.00 for payment of wh severally hereby. This ob pal by the Secretary of St If faithfully all of the duties	(name of so hich we bind ourse oligation is conditionate and covers the sof the office of No	oned upon appointm e official term of six	ent and (6) years from
Dated this day of					
			(Applicant's	Signature)	
			(Surety's Sig	 gnature)	
Approved by the South Dakota Atte	orney General	File Date:_			
		Commission	n date:		
		Receipt Nui	mber:		

Personal Surety Form

Know all by these presents: That we,	(Notary applicant's name),		
of the County of	and the State of South Dakota, as principal, and		
(Per	rsonal Surety's name), County of		
sum of five thousand dollars, for the payment of v heirs, executors, administrators and successors.	held firmly bound unto the State of South Dakota in the penal which we hereby jointly and severally bind ourselves, our Further, each of us deposes and says individually that we not above our debts and liabilities, in unencumbered property, forced sale under the laws of this state.		
	at, if the above principal,, State of South Dakota, shall faithfully execute the duties of hall be null and void, otherwise to remain in full force and		
Dated this day of	Applicant's Signature		
Subscribed and sworn to before me this	day of		
(SEAL)	Notary Public My commission expires:		
Dated this day of	Personal Surety's Signature		
Subscribed and sworn to before me this	day of		
(SEAL)	Notary Public My commission expires:		

A personal surety is liable for the bond for the six-year commission of the notary. A personal surety <u>cannot</u> have the personal surety's name removed from the bond for any reason.