

State of New Hampshire

Department of State
State House – Room 204
Concord, N.H. 03301
603-271-3242



NOTARY PUBLIC Application

PRINT CLEARLY

Name _____
First name Middle Last Name

Residential Street Address: _____

City/Town State _____ Zip Code _____

Date of Birth: _____ Phone Number _____

Date: _____

Mailing address if different from above _____

I declare that I am of legal age and a resident of the State of New Hampshire. I respectfully solicit of the Honorable Governor and Executive Council an appointment as Notary Public for the State of New Hampshire.

I have never been convicted of a crime that has not been annulled by a court, other than minor traffic violations, with the exception of: (state details) _____

Subscribed and sworn to before me this _____ day of _____, 20__ seal

Signature of Applicant

Notary Public/Justice of the Peace

Print this form. After completing and signing, mail to Secretary of State's Office WITH THE CRIMINAL RELEASE AUTHORIZATION FORM and the \$75. fee.

This application must have the signatures of three individual endorsers, two of whom shall be New Hampshire Notaries Public in good standing and one registered voter in the state.

1) NOTARY PUBLIC for New Hampshire

2) NOTARY PUBLIC for New Hampshire

Signature of Endorser

Signature of Endorser

Print Name of Endorser

Print Name of Endorser

Street Address

Street Address

City/Town/State/zip code

City/Town/State/zip code

1) REGISTERED VOTER of New Hampshire

Signature of Endorser

Print Name of Endorser

Street Address

City/Town/State/zip code

Fee of \$75.00 must accompany this application. Make check payable to: Treasurer, State of New Hampshire. Applications require 8-10 weeks to process

FOR OFFICE USE ONLY
Check No. _____
Amount: _____

The State of New Hampshire



Department of State

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY

Name: _____
 Last (Maiden) First Middle

Address: _____
 Street City State Zip Code

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ State: _____

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Signature _____ Date: _____

SECTION II

AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION

I hereby authorize the release of my criminal conviction record information to:
New Hampshire Secretary of State
107 North Main Street, Room 204
Concord, NH 03301

Applicant's Signature: _____

Signed before me this _____ day of _____, 20 ____ seal

Notary Public/Justice of the Peace

(Commission expiration date)

Recipient's Signature: _____

Deputy Secretary of State