

NOTARY PUBLIC Application
For Maine, Massachusetts or Vermont Resident
PRINT CLEARLY

State of New Hampshire

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



Name _____
First Name Middle Initial Last Name

Residential Street Address: _____

City/Town State _____ Zip Code _____

Date of Birth: _____ Phone Number: _____

Mailing address if different from above _____

Date: _____

*I am a Notary Public in my home state of _____. My Commission expires _____.
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: _____*

Signature of Applicant

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

Signature of Notary Public/Justice of the Peace (not applicant)

Seal/Stamp

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.

NOTARY PUBLIC for New Hampshire

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

REGISTERED VOTER of New Hampshire

Signature of Endorser

Print Name of Endorser

Street Address

City/Town/State/zip code

The following ORIGINALS must be submitted: 1. Application;
2. Criminal History Record Form for New Hampshire; 3. Criminal
History Record completed by the Dept. of Safety in your state;
4. Affidavit of Employment; AND
5. Fee of \$75.00.

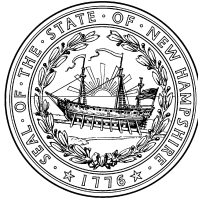
Make check payable to: Treasurer, State of New Hampshire
Applications require 8-10 weeks to process

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

Residential 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