NOTARIAL BOND
TO THE
STATE OF OKLAHOMA

Commission No. _____

NOTE: The bond **MUST** be filed with the office of the Secretary of State **not more than sixty (60) days after your notary commission is issued.** Submit the completed bond with a **$25.00** fee to: Secretary of State, 421 NW 13th Street, Suite 210, Oklahoma City, OK 73103.

KNOW ALL MEN BY THESE PRESENTS:

That _____ (Name of Notary) of _____ (Residence Address or, if a Non-resident, Employment Address)

in the county of _____, State of Oklahoma, as Principal, lately appointed Notary Public within and for the State of Oklahoma, and

_____ (Name of Surety) of _____ (Residence address)

_____ (Name of Surety) of _____ (Residence address)

as Sureties, are held and firmly bound unto the State of Oklahoma in the penal sum of Ten Thousand ($10,000.00) Dollars, good and lawful money of the United States, to be paid to the State of Oklahoma, for which payment will and truly be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

Dated this _____ day of _____, _____.

Whereas, the above bounden Principal has been appointed to the Office of Notary Public, within and for the State of Oklahoma.

NOW, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if said Principal shall faithfully, in all things, perform all duties required by law as a Notary Public within and for said State during the term of said office by virtue of said appointment, then the above obligation to be void, else to remain in full force.

We, the sureties on the bond herein, being severally sworn each for himself, is worth at least Ten Thousand ($10,000.00) Dollars over and above all debts and liabilities by him owing, and all property exempt by law from levy and execution.

Principal Sign Here ➔ _____

Surety Sign Here ➔ _____

Surety Sign Here ➔ _____

ACKNOWLEDGMENT OF SURETIES

State of Oklahoma
County of _____

Signed and sworn to before me on this _____ day of _____, _____, by

_____ (Name of Surety) and _____ (Name of Surety).

My Commission Expires: _____

_____
Notary Public (or other authorized officer)

Commission # _____

(SEAL)

TO BE COMPLETED BY THE NOTARY (PRINCIPAL OF THIS BOND)

Sign your name on the line below exactly as you are commissioned as a notary public to sign public documents.

IMPRESS YOUR NOTARY SEAL HERE

Sign Here ➔ _____

(PAGE 2 MUST BE COMPLETED.)

NOTE: <u>Each</u> oath must be notarized.

OATH OF OFFICE
(Oklahoma Constitution Article XV)

State of Oklahoma
County of _____

I, _____, do solemnly swear (or affirm) that I will support, obey, and defend the Constitution of the United States, and the Constitution of the State of Oklahoma, and that I will not knowingly, receive, directly or indirectly, any money or other valuable thing, for the performance or nonperformance of any act or duty pertaining to my office, other than the compensation allowed by law; I further swear (or affirm) that I will faithfully discharge my duties as a Notary Public to the best of my ability.

_____
Signature of Principal

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public or other officer authorized to administer oaths or affirmations

My Commission Expires: _____ Commission # _____

(SEAL)

LOYALTY OATH
(51 O.S., Section 36.2A)

State of Oklahoma
County of _____

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am a Notary Public.

_____
Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public or other officer authorized to administer oaths or affirmations

My Commission Expires: _____ Commission # _____

(SEAL)

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)