


# Avoid delays in processing! Important requirements and instructions on how to complete the application for Michigan notary public commission.

**Important:** Please type or print legibly on the application for Michigan notary public commission. Be advised that all fields must be completed.

**Important:** Please **DO NOT** send your \$10.00 processing fee. You will be required to send that processing fee when you file your notary bond with the county clerk's office. Thank you.

County Seal



**MICHIGAN DEPARTMENT OF STATE  
OFFICE OF THE GREAT SEAL**

For County Use Only	
County name	
Date of oath and bond	
Oath administered by, and bond filed with:	<input type="checkbox"/> Attorney (oath only) (Clerk's initials)

APPLICATION FOR MICHIGAN NOTARY PUBLIC COMMISSION  
(Please print legibly or type; ALL fields must be completed or application will be returned)

1. Full Name (first/middle/last):  
(must match your State driver's license or ID card)
2. Please indicate any previous and/or alias names:  
If none, please check box  N/A
3. Driver's license or personal identification card number: \_\_\_\_\_ Issuing state: \_\_\_\_\_
4. Residence address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Must match license or ID file - include PO boxes, lot and Apt numbers)
5. Date of birth: \_\_\_\_\_ 6. E-mail address: \_\_\_\_\_  
If none, please check box  N/A
7. Business Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If none, please check box  N/A
8. If you are a licensed attorney in Michigan, enter your State Bar number: P- \_\_\_\_\_  
If you are not a licensed attorney please check box  N/A
9. Michigan resident - County of residence: \_\_\_\_\_ Non-Michigan resident - County of employment: \_\_\_\_\_
10. Residence Telephone numbers: \_\_\_\_\_ Business Telephone number: \_\_\_\_\_  
If none, please check box  N/A
11. Please describe date and circumstance of any felony or misdemeanor convictions during the previous ten years in this or any other State. Attach additional pages if necessary.  
If none, please check box  N/A
12. Do you currently hold or have ever held a notary public commission in this or any other state? Yes  or No   
If yes, indicate State: Michigan  or State of \_\_\_\_\_ and date \_\_\_\_\_ or Unknown
13. Have you ever had a notary public appointment in this or any other state?  revoked,  suspended,  cancelled,  
 Does not apply to me. If yes, please explain. Attach additional pages if necessary.

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; am a U.S. citizen or possess proof of legal residence; am able to read and write in the English language; am not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete, and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law. I understand that all information contained on this application is subject to disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231, et seq. I am enclosing a check or money order in the amount of \$10.00, payable to the State of Michigan, which I understand is a nonrefundable application processing fee.

**COMMISSIONED NAME:** \_\_\_\_\_  
Print or type your name, as it will appear on all documents you notarize.

**SIGNATURE:** \_\_\_\_\_  
Sign your name, as it will appear on all documents you notarize.  
Your signature must match your commissioned name printed above.

Form 98 (Rev. 12/14)

- Field 1:** Print or type your full legal name. It must match your state driver's license or ID card.
- Field 2:** Print or type any previous and/or alias names. If none, check the box "N/A".
- Field 3:** Provide your driver's license number or personal ID card number as well as issuing state.
- Field 4:** Provide your residence address. It must match your state driver's license or ID card. (P.O. Boxes are not accepted.)
- Field 5:** Provide your date of birth month, day and year.
- Field 6:** Provide your email address. If none, check the box "N/A".
- Field 7:** Provide business address. If none, check the box "N/A".
- Field 8:** If you are not a licensed attorney in Michigan check the box "N/A". If you are a licensed attorney in Michigan you must submit your application directly to the Office of the Great Seal at Michigan Department of State. Submit to:  
  
Michigan Department of State  
Office of the Great Seal  
7064 Crowner Drive  
Lansing, MI 48918
- Field 9:** Michigan residents provide your county of residence. Non-Michigan residents indicate your county of employment.
- Field 10:** Provide your residence and business telephone numbers. If none, check the box "N/A" for either field.
- Field 11:** Describe the date and circumstance of any felony or misdemeanor convictions during the previous ten years in this or any other state. Attach additional pages if necessary. If none, check the box "N/A".
- Field 12:** Check the box "YES" or "NO" if you currently hold or have ever held a notary public commission in this or any other state. If "YES", indicate the state and date or unknown. If "NO", check the box "NO".
- Field 13:** If you answered "YES" to a question in this field please explain. Attach additional pages if necessary. If you answered "NO" check the box "DOES NOT APPLY TO ME".

**Note:** Read the affirmation paragraph at the bottom of the application and sign your name exactly as it will appear on documents you notarize. Your "COMMISSIONED NAME" on field 1 of the application and your "SIGNATURE" on field 2 of the application MUST be the SAME and should be EXACTLY as you wish to be commissioned.