

FLORIDA NOTARIAL CERTIFICATE
(OATH OR AFFIRMATION FOR INDIVIDUAL WITH DISABILITY)

1. _____
Printed Name and Address of Witness Signature of Witness

2. _____
Printed Name and Address of Witness Signature of Witness

Signature Affixed by Notary, Pursuant
to § 117.05(14), Florida Statutes

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____,
20____, by _____ (Name of Person with Disability), and subscribed by (Name
of Designated Person) in the presence of _____ (Names of
Witnesses) at the direction of _____ (Name of Person with Disability).

(Seal)

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: _____
OR Produced Identification: _____
Type of Identification Produced: _____