

**FLORIDA NOTARY ACKNOWLEDGEMENT**  
**(INDIVIDUAL WITH A 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 \_\_\_\_\_

The foregoing instrument was acknowledged 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: \_\_\_\_\_