

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1–6 below)
- See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me

on this _____ day of _____, 20____,

by *Date* *Month* *Year*

(1) _____

(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Notary Seal and/or Stamp Above

Signature _____ *Signature of Notary Public*

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

California Jurat With Affiant Statement

If no other format is prescribed, this form may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The text space provided (lines 1–5) are available for a document signer to type or neatly print (in ink) a written statement. This portion of the certificate should not be completed by the Notary. A person completing any of lines 1–5 must sign this form on line 6 in the presence of the Notary, who would also administer an oath or affirmation.

If this form is to be attached to another document, then the Notary should cross out lines 1–6. The signer would affix a signature on the attached document, not on this certificate, in the Notary’s presence.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the jurat certificate.

Instructions:

- 1 DOCUMENT OPTION.** Check the first box if this Jurat certificate is going to be attached to another document. If so, then cross out lines 1–6 on certificate. Check the second box if the affiant is going to use this form to make a statement.
- 2 AFFIANT STATEMENT.** These lines are provided for the affiant to complete his or her own statement, and should not be completed by the Notary. If affiant is not using this certificate to make a statement, lines 1–6 should be crossed out by the Notary.
- 3 SIGNATURE(S) OF AFFIANT(S).** This is signed by the person(s) who completed the statement in lines 1–5. If an attached document is signed instead, these spaces should be lined through by the Notary.
- 4 NAME OF COUNTY** where Notary performs notarization.
- 5 DATE OF NOTARIZATION.** Actual day, month and year in which the affiant(s) appear(s) before Notary to sign this certificate or an attached document and take an oath or affirmation.
- 6 NAME(S) OF AFFIANT SIGNER(S)** name(s) signed before the Notary. Initials and spelling of name(s) should agree with document, ID card and journal signatures. If only one signer is appearing before the Notary, cross out any remaining space.
- 7 SIGNATURE OF NOTARY** exactly as name appears on commissioning papers and in seal.

- 8 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 9–12 ARE OPTIONAL.** Omission of information here will not affect the document’s validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
- 9 TITLE OR TYPE OF DOCUMENT** notarized, such as “Affidavit of Loss.”
 - 10 DATE OF DOCUMENT** notarized. If the certificate is being attached to a document, most, but not all, will have a date, usually at the top or following the signature. If none, insert “No Date.”
 - 11 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. If the certificate is being attached to a document, do not count it as a page. If the certificate is the document, page count would be “One.”
 - 12 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 6.** Since all affiant signers might not be named on the same Notary certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert “No Other Signers.”

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1 See Attached Document (Notary to cross out lines 1–6 below)
 See Statement Below (Lines 1–6 to be completed only by document signer(s), not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California Subscribed and sworn to (or affirmed) before me
County of **4** Los Angeles on this 14th day of July, 2017
by Date Month Year
(1) Michael T. Smith **6**
and (2) _____
Name(s) of Signer(s)

8 

Place Notary Seal and/or Stamp Above

providing to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature: Pat R. Jones **7**
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit of Loss **9**
Document Date: No Date **10** Number of Pages: One **11**
Signer(s) Other Than Named Above: no other signers **12**

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