es 1–6 below) d only by document signer[s], not Notary)
a only by document signer[5], not notary)
Signature of Document Signer No. 2 (if any)
27 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
verifies only the identity of the individual who signed the document ness, accuracy, or validity of that document.
Subscribed and sworn to (or affirmed) before me
on this day of, 20, by Date Month Year
(1)
(and (2)
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature Signature of Notary Public
PTIONAL
an deter alteration of the document or
his form to an unintended document.
Number of Pages:

# 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.

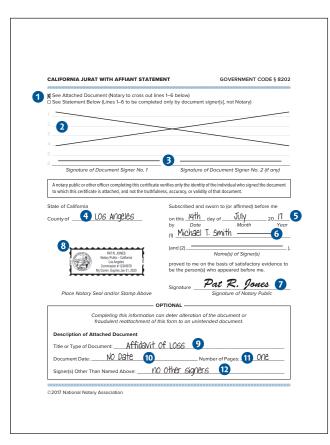
#### **5** DATE OF NOTARIZATION.

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.

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."

(1) 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."

② 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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