

This notarization is attached to a document of _____ pages concerning/titled _____.

JURAT CERTIFICATE FOR INDIVIDUAL PHYSICALLY UNABLE TO SIGN

(“Signature” of Disabled Person)

By: _____

(Printed Name of Notary Public)

Signature affixed by notary, pursuant to
S. 117.05(14), Florida Statutes

(Signature of Witness One)

(Signature of Witness Two)

(Printed Name of Witness One)

(Printed Name of Witness Two)

(Address of Witness One)

(Address of Witness Two)

State of Florida

County of Hillsborough

Sworn to (or affirmed) before me by means of ☐ physical presence or ☐ online notarization,

this _____ day of _____, _____,
(Date) (Month) (Year)

by _____,
(Printed Name of Person Making Statement)

and subscribed by _____ at the direction of
(Name of Notary)

_____, by
(Name of Person Making Statement)

written, verbal, or other means by _____,
(Name of Person Making Statement)

and in the presence of these witnesses.

(Signature of Notary Public, State of Florida)

(Printed Name of Notary Public)

Personally Known Produced Identification

Type of Identification Produced: _____

Witness One: _____

Witness Two: _____