

**OHIO JURAT**  
§147-551

State of Ohio  
County of \_\_\_\_\_ } ss.

Sworn to or affirmed and subscribed before me by

\_\_\_\_\_  
*Name of Person Making Jurat*

this date of \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Notary Public Administering Jurat*

\_\_\_\_\_  
*Title or Rank*

*Affix Seal Here*

\_\_\_\_\_  
*Commission Expiration Date*

**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: \_\_\_\_\_

# Ohio Jurat

This form may be used when an individual is signing and swearing (or affirming) that certain written statements are true.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

## Instructions:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card. (Signature goes on attached document.) Line through any remaining space.
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers and in seal.
- 5 TITLE OR RANK** of notarizing officer, such as "Notary Public."
- 6 COMMISSION EXPIRATION DATE.**
- 7 NOTARY SEAL IMPRINT** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

- SPACES 8–11 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.
- 8 TITLE OR TYPE OF DOCUMENT** notarized, such as "Affidavit of Loss."
  - 9 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."
  - 10 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. If certificate is being attached to a document, do not count it as a page. If certificate is the document, page count would be "One."
  - 11 SIGNER(S) OTHER THAN NAMED IN SPACE 2.** Since all signers might not be named on the same notarial 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."

**OHIO JURAT**  
§147-551

State of Ohio }  
County of Montgomery } ss.

Sworn to or affirmed and subscribed before me by  
Michael T. Smith }  
Name of Person Making Jurat }  
this date of January 18, 20XX }  
Date }  
Pat R. Jones }  
Signature of Notary Public Administering Jurat }  
Notary Public }  
January 31, 20XX }  
Commission Expiration Date }

**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 }  
Document Date: 1-2-20XX } Number of Pages: One }  
Signer(s) Other Than Named Above: No Other signers }

©2019 National Notary Association



9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org