

Signature Page

Debra L. Wilsack
Regular Commission

Oath

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska and that I will faithfully discharge my duties as notary public to the best of my ability. The information provided on my application form is truthful and accurate and I meet all of the requirements to be commissioned an Alaska Notary Public. I acknowledge that I am personally liable for every notarial act that I perform.

Applicant's Notarized Signature

Subscribed and sworn (or affirmed) to before me by _____
this ____ day of _____, _____.

Notary Public's Signature
My Commission Expires: _____

So that we may easily contact the notary in case of a dispute, please provide your contact information below:

Notary's Email: _____
Notary's Phone: _____