

MONTANA NOTARY PUBLIC SURETY BOND

Bonding/Surety Company Logo

Name
Mailing Address
Telephone Number

EFFECTIVE DATE _____
To be determined by Secretary of State

BOND NUMBER _____

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____ as Principal, and [COMPANY NAME], a corporation duly licensed to do business in the state of Montana, as Surety, are held and firmly bound under the State of Montana in the sum of **Twenty-five thousand dollars (\$25,000)**, for the payment of which well and truly to be made and done, we bind ourselves and our legal representatives, jointly and severally by these presents.

Issued this _____ day of _____, 20__.

WHEREAS the said Principal intends to apply to the Secretary of State of the State of Montana to be appointed a Notary Public in and for the State of Montana for the term of four years.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the Principal shall receive said appointment and shall faithfully discharge the duties of the office of Notary Public during the term of office, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

[Other information required or needed by bonding/surety company, such as corporate seal, notarization, etc. This space may be left blank and border removed.]

Principal's (Applicant's) Signature **[This will be considered your official Notary Signature and must be used for all your notarizations]**

[Bonding/Surety Company Name]

By _____
Name and Title of Authorized Representative of Surety

STATEMENT & OATH OF OFFICE

I, the undersigned, making application for Commission as Notary Public in and for the State of Montana, affirm, and at the date hereon swear that the information on the application submitted with this bond or online is true and complete to the best of my knowledge, and I am qualified under §1-5-619, MCA to be appointed and commissioned as a Notary Public for the State of Montana.

I do solemnly swear (or affirm) that I will support, protect and defend the constitution of the United States, and the constitution of the State of Montana, and that I will discharge the duties of my office of Notary Public for the State of Montana with fidelity (so help me God).

Applicant's Signature

State of Montana

County of _____

This record was signed and sworn to (or affirmed) before me on _____, 20____, by _____.
[Print name of applicant]

Notary's Signature

[Must affix seal/stamp]