



Notary Public Journal Deposit Form

Date of Deposit

Name of Depositor

Company Name (If Applicable)

Phone Number

Street Address

City and State

Zip Code

Name of Notary Public's Journal Being Deposited

If Name is Unknown, How Did You Acquire the Journal

Please List the Beginning and Ending Date for Each Journal

(If More Space is Needed, Please Use Second Page)

Depositor Signature

State Archives Representative Signature