

**FLORIDA NOTARIAL CERTIFICATE**  
**(OATH OR AFFIRMATION OF INDIVIDUAL WITH DISABILITY)**

1. _____ Printed Name and Address of Witness	_____ Signature of Witness
2. _____ Printed Name and Address of Witness	_____ Signature of Witness

\_\_\_\_\_  
Signature Affixed by Notary, Pursuant  
to § 117.05(14), Florida Statutes

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence ☐ online  
notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of  
Person with Disability), and subscribed by (Name of Designated Person) in the presence of  
\_\_\_\_\_ (Names of Witnesses) at the direction of  
\_\_\_\_\_ (Name of Person with Disability).

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_  
OR Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_