

FLORIDA NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL WITH A 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 _____

The foregoing instrument was acknowledged 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: _____