Wisconsin Notarial Certificates

For an acknowledgment in an individual capacity:

State of Wisconsin
County of __________

This instrument was acknowledged before me on ________ (date) by __________ (name(s) of person(s)).

(Seal, if any)                                               Signature of notarial officer

_________________________________________________________

Title (and Rank)

My commission expires:_____

For an acknowledgment in a representative capacity:

State of Wisconsin
County of __________

This instrument was acknowledged before me on ________ (date) by __________ (name(s) of person(s) as _______________ (type of authority, e.g., officer, trustee, etc.) of ______________ (name of party on behalf of whom the instrument was executed).

(Seal, if any)                                               Signature of notarial officer

_________________________________________________________

Title (and Rank)

My commission expires:_____

For verification upon oath or affirmation:

State of Wisconsin
County of __________
Signed and sworn to (or affirmed) before me on __________ (date) by __________ (name(s) of person(s)).

____________________
(Seal, if any)

____________________
Signature of notarial officer

____________________
Title (and Rank)

My commission expires:_____

For witnessing or attesting a signature:

State of Wisconsin
County of ___________

Signed or attested before me on _________ (date) by ____________ (name(s) of person(s)).

____________________
(Seal, if any)

____________________
Signature of notarial officer

____________________
Title (and Rank)

My commission expires:_____

For attestation of a copy of a document:

State of Wisconsin
County of ___________

I certify that this is a true and correct copy of a document in the possession of __________.

Dated:____________

____________________
(Seal, if any)

____________________
Signature of notarial officer

____________________
Title (and Rank)

My commission expires:_____
