# FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

**F.S. 695.25**



State of Florida

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this day

*Date*

of , ,

*Month Year*

by ,

*Name of Person Acknowledging*

who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Type of Identification*

as identification.

*Signature of Notary Public*

*Place Notary Seal Stamp Above*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Notary Typed, Printed or Stamped*

Notary Public — State of Florida

## OPTIONAL

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

# Description of Attached Document

Title or Type of Document:

Document Date: Number of Pages:

Signer(s) Other Than Named Above:



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**Florida Short-Form Individual Acknowledgment**

The Florida short-form acknowledgment certificate may be used when an individual is signing and acknowledging on his or her own behalf.

The optional section at the bottom can deter alteration of the document

or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

**Instructions:**

**NAME OF COUNTY** where Notary performs notarization.



**1**

**DATE OF NOTARIZATION.** Actual



**2**

day, month and year in which signer appears before Notary.

**NAME OF SIGNER** appearing before Notary. Initials and spelling of name should agree with name signed on document and ID card. Line through any remaining space.



**3**

# TYPE OF IDENTIFICATION. If



**4**

not personally known to Notary, how signer was identified: either (a) ID cards, indicating card’s type, serial number

and expiration date or (b) credible witness(es), including name, and address of each witness.

**SIGNATURE OF NOTARY,** exactly



**5**

as name appears on commissioning papers, in space 6 and in seal.

**NAME OF NOTARY,** exactly as name appears on commissioning papers, in space 5 and in seal.



**6**

**NOTARY SEAL IMPRINT,** clearly

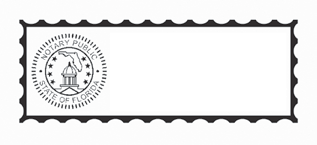


**7**

and legibly affixed.

## SPACES 8–11 ARE OPTIONAL.

*Omission of information here will not affect the document’s validity.*



*Name of Notary Typed, Printed or Stamped Place Notary Seal Stamp Above* Notary Public — State of Florida

***OPTIONAL***

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: Grant Deed **8** Document Date: 7/18/16 **9** Number of Pages: 4 **10** Signer(s) Other Than Named Above: No Other Signers **11**

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**6**

Pat R. Jones

*Pat R. Jones* **5**

*Signature of Notary Public*

PAT R. JONES

Notary Public – State of Florida Commission # EE 12345

My Comm. Expires May 25, 2019

**7**

has produced FL Drivers License

**4** #L252-856-34-968-0, exp. 2/15/19

*Type of Identification*

as identification.

*Month Year*

**3** by Michael T. Smith ,

*Name of Person Acknowledging*

who is personally known to me or who

The foregoing instrument was acknowledged before me this **2** 19th day

*Date*

of July , 2016 \_,

County of \_\_\_\_\_O\_\_r\_a\_n\_\_g\_\_e **1**\_\_

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**F.S. 695.25**

State of Florida

*However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

# TITLE OR TYPE OF DOCUMENT



**8**

notarized, such as “Grant Deed.”

**DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert “No Date.”



**9**

**NUMBER OF PAGES** in the



**10**

notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be

regarded as a page by recording officials in assessing recording fees.

# SIGNER(S) OTHER THAN



**11**

**NAMED IN SPACE 3.** Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert “No Other Signers.”



NatioNal Notary associatioN

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