

NAME: _____

CANADIAN CITIZEN: Yes No

PERMANENT RESIDENT OF CANADA: Yes No

MAILING ADDRESS: _____
PLEASE NOTIFY US IF YOU CHANGE YOUR ADDRESS

TELEPHONE (work/daytime phone): _____

EMAIL ADDRESS (optional): _____

PLACE APPLICANT DESIRES TO PRACTICE: _____

I have read and understand the following sections of the *Notaries Act*:

Section 2(2)

Section 3

Section 8

DATED AT _____ THIS _____ DAY OF _____, 20____

Signature of Applicant

(TO BE COMPLETED BY THE REGISTRAR)

DATE EXAMINED: _____ RESULT: _____

PLACE AUTHORIZED TO PRACTICE: _____

SIGNATURE OF REGISTRAR: _____

(TO BE COMPLETED BY THE COURT)

DATE OATH TAKEN: _____

SIGNATURE OF JUDGE OR JUSTICE : _____