

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: _____