

**PENNSYLVANIA ATTORNEY ACKNOWLEDGMENT**  
**42 Pa.C.S. § 327**



State of Pennsylvania

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

This record was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
*Date*

\_\_\_\_\_, Supreme Court identification number \_\_\_\_\_  
*Name of Attorney*

\_\_\_\_\_, as a member of the bar of the Pennsylvania Supreme Court  
*ID Number*

and a subscribing witness to this record and certified that he/she was personally present when

\_\_\_\_\_ executed the record and that  
*Name(s) of Individual(s)*

\_\_\_\_\_ executed the record for the  
*Name(s) of Individual(s)*  
purposes contained therein.

\_\_\_\_\_  
*Signature of Notarial Officer*

\_\_\_\_\_  
*Printed Name of Notarial Officer*

\_\_\_\_\_  
*Title of Office*

*Place Official Stamp/Notary Seal Above*

My Commission Expires: \_\_\_\_\_

**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: \_\_\_\_\_



# Pennsylvania Attorney Acknowledgment

The attorney acknowledgment certificate is used when a principal signer, who cannot appear before the Notary, directs an attorney to witness that principal's signing of a document and to bring the signed document to a Notary to vouch for its execution.

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:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 3 NAME OF ATTORNEY** appearing before the Notary who is acting as a subscribing witness.
- 4 ID NUMBER.** Attorney's Supreme Court identification number.
- 5 NAME OF PRINCIPAL SIGNER(S)** not appearing before Notary. Initials and spelling of name(s) should agree with name(s) signed on document. Line through any remaining space.
- 6 SIGNATURE OF NOTARIAL OFFICER,** exactly as name appears on commissioning papers and in seal.
- 7 PRINTED NAME OF NOTARIAL OFFICER.** If the Notarial Officer's signature is illegible, the Notarial Officer must print their name below their signature.
- 8 TITLE OF OFFICE,** of person notarizing document. In the case of a Notary, "Notary Public" would be the title.
- 9 NOTARY'S COMMISSION EXPIRATION DATE,** exactly as it appears on commissioning papers and in seal.

**10 OFFICIAL STAMP/NOTARY SEAL IMPRINT** clearly and legibly affixed.

**SPACES 11-14 ARE OPTIONAL.** Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**11 TITLE OR TYPE OF DOCUMENT** notarized, such as "Deed of Trust."

**12 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."

**13 NUMBER OF PAGES** in the 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.

**14 SIGNER(S) OTHER THAN NAMED IN SPACE 5.** 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."

**PENNSYLVANIA ATTORNEY ACKNOWLEDGMENT**  
42 Pa.C.S. § 327

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State of Pennsylvania  
County of Westmoreland ①

This record was acknowledged before me on June 18, 2011 ② by

③ Michael T. Smith \_\_\_\_\_ Supreme Court identification number  
Name of Attorney

④ 987654321 \_\_\_\_\_ as a member of the bar of the Pennsylvania Supreme Court  
ID Number

and a subscribing witness to this record and certified that he/she was personally present when

⑤ Pat R. Jones \_\_\_\_\_ executed the record and that  
Name(s) of Individual(s)

Pat R. Jones \_\_\_\_\_ executed the record for the  
Name(s) of Individual(s)  
purposes contained therein.

⑥ Jane Q. Doe  
Signature of Notarial Officer

⑦ Jane Q. Doe  
Printed Name of Notarial Officer

⑧ Notary Public  
Title of Office

⑨ My Commission Expires: Jan. 30, 2020

⑩ Commonwealth of Pennsylvania - Notary Seal  
JANE Q. DOE - Notary Public  
Westmoreland County  
My Commission Expires Jan. 30, 2020  
Commission Number 123456789

Place Official Stamp/Notary Seal Above

**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: Deed of Trust ⑪

Document Date: June 1, 2011 ⑫ Number of Pages: 1 ⑬

Signer(s) Other Than Named Above: No Other Signers ⑭

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