

PENNSYLVANIA CERTIFICATION OF DEPOSITION TRANSCRIPT

State of Pennsylvania

County of _____

I certify that this is a true and correct copy of
the transcript of the deposition of

Name of Deponent

Dated _____

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: _____

Pennsylvania Certification of Deposition Transcript

This certificate may be used by Notaries to certify true copies of a deposition transcript.

The Notary must carefully compare the copy that is being certified to the original, and whenever possible, personally make the copy.

It is a good policy for the Notary to keep an additional copy of the

original document as an official notarial record.

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 NAME OF DEPONENT** who gave sworn testimony in deposition being notarized.
- 3 DATED.** Actual day, month and year certification was made.
- 4 SIGNATURE OF NOTARIAL OFFICER,** exactly as name appears on commissioning papers and in seal.
- 5 PRINTED NAME OF NOTARIAL OFFICER.** If the Notarial Officer's signature is illegible, the Notarial Officer must print their name below their signature.
- 6 TITLE OF OFFICE,** of person notarizing document. In the case of a Notary, "Notary Public" would be the title.
- 7 COMMISSION EXPIRATION DATE** of Notarial Officer, exactly as it appears on commissioning papers and in seal.
- 8 OFFICIAL STAMP/NOTARY SEAL IMPRINT** clearly and legibly affixed.

SPACES 9-11 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.

- 9 TITLE OR TYPE OF DOCUMENT** notarized, such as "Transcript of Deposition."
- 10 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."
- 11 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.

PENNSYLVANIA CERTIFICATION OF DEPOSITION TRANSCRIPT

State of Pennsylvania
County of Westmoreland **1**

I certify that this is a true and correct copy of the transcript of the deposition of

Michael T. Smith **2**
Name of Deponent

Dated June 18, 2017 **3**

Jane Q. Doe **4**
Signature of Notarial Officer

Jane Q. Doe **5**
Printed Name of Notarial Officer

Notary Public **6**
Title of Office

Place Official Stamp/Notary Seal Above **8**

My Commission Expires: Jan 30, 2020 **7**

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: Transcript of Deposition **9**
Document Date: June 1, 2017 **10** Number of Pages: 1 **11**

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