

**PENNSYLVANIA VERIFICATION ON OATH OR AFFIRMATION**

State of Pennsylvania

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

Signed and sworn to (or affirmed) before me on

\_\_\_\_\_ by  
*Date*

\_\_\_\_\_  
*Name of Individual Making Statement No. 1*

\_\_\_\_\_  
*Name of Individual Making Statement No. 2*

\_\_\_\_\_  
*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 Verification on Oath or Affirmation

The Verification on Oath or Affirmation certificate may be used when an individual is swearing (or affirming) that certain written statements are true.

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(S) OF SIGNER(S)** appearing before Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. Line through any remaining space.
- 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 his or her 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.
- 8 OFFICIAL STAMP/NOTARY SEAL IMPRINT** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

**PENNSYLVANIA VERIFICATION ON OATH OR AFFIRMATION**

State of Pennsylvania

1 County of Westmoreland

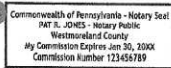
Signed and sworn to (or affirmed) before me on  
February 10, 20XX by 2  
Date

Michael T. Smith 3  
Name of Individual Making Statement No. 1

Pat R. Jones 4  
Signature of Notarial Officer

Pat R. Jones 5  
Printed Name of Notarial Officer

Title of Office: Notary Public 6  
My Commission Expires: January 30, 20XX 7

8   
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: Grant Deed 9  
Document Date: January 31, 20XX 10 Number of Pages: 1 11  
Signer(s) Other Than Named Above: No Other Signers 12

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**SPACES 9-12 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 "Deed of Trust."
- 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.
- 12 SIGNER(S) OTHER THAN 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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