

STATE OF LOUISIANA  
SECRETARY OF STATE

R. Kyle Ardoin  
SECRETARY OF STATE

Notary Division  
(225) 925-4704

Fax Numbers  
(225) 932-5359 Notary



**TRANSMITTAL INFORMATION  
For All Notary Filings**

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Name of person filing document

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Address

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City

State

Zip Code

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Daytime phone number

Fax number

Email address

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

# RETIREMENT STATUS AFFIDAVIT

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned personally came and appeared,

\_\_\_\_\_  
(Name of Affiant)

who, after being sworn, did depose and said that he/she reached the age of  
seventy (70) years on \_\_\_\_\_, that he/she wishes to retire  
his/her notary commission, and certifies that he/she will no longer exercise the  
duties and functions of a notary.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed, before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name and ID# of Notary Public