TRANSMITTAL INFORMATION
For All Notary Filings

Name of person filing document

Address

City    State    Zip Code

Daytime phone number    Fax number    Email address

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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