

**§1917. Short form certificates**

The following short form certificates of notarial acts are sufficient for the purposes indicated, if completed with the information required by section 1916, subsections 1 and 2. [PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

**1. Individual capacity.** For an acknowledgment in an individual capacity:

State of .....

County of .....

This record was acknowledged before me on ..... by .....

Date      Name(s) of individual(s)

.....

Signature of notarial officer

Stamp or printed name .....

[.....]

Title of office

[My commission expires: .....]

[PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

**2. Representative capacity.** For an acknowledgment in a representative capacity:

State of .....

County of .....

This record was acknowledged before me on ..... by .....

Date      Name(s) of individual(s)

as (type of authority, such as officer or trustee) of (name of party on behalf of whom record was executed).

.....

Signature of notarial officer

Stamp or printed name .....

[.....]

Title of office

[My commission expires: .....]

[PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

**3. Oath or affirmation.** For a verification on oath or affirmation:

State of .....

County of .....

Signed and sworn to (or affirmed) before me on ..... by .....

Date      Name(s) of individual(s)

making statement

.....

Signature of notarial officer  
 Stamp or printed name .....  
 [.....]

Title of office  
 [My commission expires: .....]  
 [PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

**4. Signature.** For witnessing or attesting a signature:  
 State of .....  
 County of .....  
 Signed [or attested] before me on ..... by .....  
 Date Name(s) of individual(s)  
 .....

Signature of notarial officer  
 Stamp or printed name .....  
 [.....]  
 Title of office  
 [My commission expires: .....]

[PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

**5. Copy of a record.** For certifying a copy of a record:  
 State of .....  
 County of .....  
 I certify that this is a true and correct copy of a record in the possession  
 of .....  
 Dated .....  
 .....

Signature of notarial officer  
 Stamp or printed name .....  
 [.....]  
 Title of office  
 [My commission expires: .....]

[PL 2021, c. 651, Pt. A, §4 (NEW); PL 2021, c. 651, Pt. A, §8 (AFF).]

## SECTION HISTORY

PL 2021, c. 651, Pt. A, §4 (NEW). PL 2021, c. 651, Pt. A, §8 (AFF).

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