

STATE OF ALABAMA OFFICE OF THE SECRETARY OF STATE CIVIL-LAW
NOTARIES DIVISION
ADMINISTRATIVE CODE

CHAPTER 820-6
APPENDIX DIVISION 820-6

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**820-6-A-.01 Form ACLN-1 - Application For Appointment As An
Alabama Civil Law Notary.****OFFICE OF THE SECRETARY OF STATE****APPLICATION FOR APPOINTMENT AS AN ALABAMA CIVIL-LAW NOTARY****Form ACLN-1****Effective xxxxxx xx, xxxx**

Full Name: _____

(Last)

(First)

(Middle)

Date of Birth: ____/____/____ Alabama Bar ID Number: _____

Place of Employment: _____

Business Address: _____

(Street)

(City)

(State)

(Zip Code)

Residence Address: _____

(Street)

(City)

(State)

(Zip Code)

Home Phone: () _____ Business Phone: () _____

FAX Number: () _____ E-mail Address: _____

Please attach to this application:

- 1) A certificate of good standing from the Supreme Court of Alabama issued within 90 days of this application, showing that you are currently a member of the Alabama Bar and have been a member of the Alabama Bar for at least 5 year;
- 2) An application processing fee in the amount of \$100.00.

CERTIFICATION

I hereby certify that the information indicated on this application is true and accurate and that I understand any false statements herein constitute a violation of §13A-10-102, Code of Alabama (1975). I further certify that I am eligible to be appointed an Alabama Civil-law Notary, and that my name appears on this application as an Alabama Civil-law Notary.

(Print of Type Legal Signature of Applicant)

(Legal Signature of Appointee as it will appear on notarial acts)

(Date)

Office of Secretary of State • P.O. Box 5616 • Montgomery, Alabama 36103-5616

Author:
Statutory Authority:
History:

820-6-A-.02 Form ACLN-2 - Appointment Of Protocol Custodian And Seal Filing.

OFFICE OF THE SECRETARY OF STATE

APPOINTMENT OF PROTOCOL CUSTODIAN AND SEAL FILING

ALABAMA CIVIL-LAW NOTARIES

Form ACLN-2

Effective xxxxxx xx, xxxx

Full Name Of Appointee: _____

(Last)

(First)

(Middle)

Date of Birth: ____/____/____ Alabama Bar ID Number: _____

Place of Employment: _____

Business Address: _____

(Street)

(City)

(State)

(Zip Code)

PROTOCOL

If different than business address, please list the physical location where your notary protocol will be maintained:

Please provide the name and business address (P.O. Box of Mail Drop Box not acceptable) of an Alabama Civil-Law Notary who has agreed to take custody of your protocol in the event your appointment is ever suspended or revoked, or you die or become incapacitated:

(Affix seal in this space)

ACCEPTANCE OF APPOINTMENT

Having been named as the Alabama Civil-law Notary agreeing to accept custody of the protocol of the person making this application, I hereby accept the designation and agree to act in this capacity. I

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as custodian, and I am familiar with and accept the obligations of my position as custodian.

Please affix to this form a copy of the seal or graphic symbol unique to you intended to be used for the issuance of authentic instruments, along with a copy of your appointment by the Secretary of State.

CERTIFICATION

I hereby register the seal affixed to this form as my official seal for use in my capacity as an Alabama Civil-law Notary. I hereby certify that the information indicated on this form is true and accurate and that I understand any false statements constitute a violation of §13A-10-102, Code of Alabama (1975).

(Print or Type name of appointee as it appears on
notarial acts)

(Legal Signature of Appointee)

(Date)

Office of Secretary of State • P.O. Box 5616 • Montgomery, Alabama 36103-5616

Author:
Statutory Authority:
History:

820-6-A-.03 Form ACLN-3 - Alabama Civil Law Notary Annual Report.

OFFICE OF THE SECRETARY OF STATE

ALABAMA CIVIL-LAW NOTARY ANNUAL REPORT

Form ACLN-3

Effective xxxxxx xx, xxxx

Full Name: _____

(Last)

(First)

(Middle)

Business Address: _____

(Street)

(City)

(State)

(Zip Code)

Business Phone: () _____

Please provide the name and business address (P.O. Box or Mail Drop Box not acceptable) of an Alabama Civil-Law Notary who has agreed to take custody of your protocol in the event your appointment is ever suspended or revoked, or you die or become incapacitated:

Please attach to the application an application processing fee in the amount of \$100.00.

CERTIFICATION

I hereby certify that the information indicated on this application is true and accurate and that I understand any false statements herein constitute a violation of §13A-10-102, Code of Alabama (1975). I further certify that I am eligible to be appointed an Alabama Civil-law Notary, and that my name appears on this application as an Alabama Civil-law Notary.

(Print of Type Legal Signature of Applicant)

(Legal Signature of Appointee as it will appear on notarial acts)

(Date)

Office of Secretary of State · P.O. Box 5616 · Montgomery, Alabama 36103-5616

Author:
Statutory Authority:
History:

**820-6-A-.04 Form ACLN-4 - Alabama Civil Law Notary Signature
And Seal.****OFFICE OF THE SECRETARY OF STATE****ALABAMA CIVIL-LAW NOTARY SIGNATURE AND SEAL****Form ACLN-4****Effective xxxxxx xx, xxxx**Nature of Change: ☐ Seal ☐ Signature ☐ Both

Name: _____

(Last)

(First)

(Middle)

Date of Appointment: ____/____/____

New Name: _____

(Last)

(First)

(Middle)

Residence Address: _____

(Street)

(City)

(State)

(Zip Code)

Business Address: _____

(Street)

(City)

(State)

(Zip Code)

Home Phone: () _____ Business Phone: () _____

Alabama Driver's License: _____ Alabama Bar ID Number: _____

(Affix seal in this space,

if filing a change.)

If you are changing your seal pursuant to Rule 820-6-3-.
01(4), please affix to this form a copy of that seal

Pursuant to Rule 820-6-3-.01(4), please attach to this form a
\$50.00 processing fee payable to the Alabama Secretary of
State.

I hereby certify that the information indicated on this form is true and accurate and that the affixed seal is a graphic symbol unique to me. I understand any false statements herein constitute a violation of §13A-10-102, Code of Alabama (1975). I further certify that I am an Alabama Civil-law Notary appointed by the Secretary of State and that I am filing this Form ACLN-3 pursuant to Rule 820-6-3-.01(4).

(New Legal Signature of the Alabama Civil-law Notary Filing this Form)

(Print or Type Legal Name)

(Date)

Office of Secretary of State • P.O. Box 5616 • Montgomery, Alabama 36103-5616

Author: Charles E. Grainger, Jr., Jean Brown

Statutory Authority: Code of Ala. 1975, §§36-20-50, et seq.

History: New Rule (Forms): Filed January 10, 2001; effective February 14, 2001. **Amended:** Filed June 5, 2009; effective July 10, 2009.