

**NOTARY PUBLIC APPLICATION  
Under The Manitoba Evidence Act**



The personal information you give on the application is being collected under The Manitoba Evidence Act. It will be used to determine and record your appointment. It is protected by The Freedom of Information and Protection of Privacy Act.

**Please complete in full**

_____	_____	_____	
(First Name)	(Full Middle Names-No Initials)	(Last Name)	
Home address: _____			
(Apartment Number/Street Address)			
_____	_____	_____	_____
(Box Number)	(City/Town)	(Province)	(Postal Code)
Telephone Numbers:	(Home) (cell)	(Work) (Ext #)	
18 years or older:	Yes      No		
Canadian citizen:	Yes      No	If 'No', state country	
Law Firm or Employer:			
Employer's address: _____			
(Apartment Number/Street Address)			
_____	_____	_____	_____
(Box Number)	(City/Town)	(Province)	(Postal Code)
I was called to the Manitoba Bar on _____ and have not been disbarred since that date.			
.....*F cvg+			
I DECLARE THE ABOVE INFORMATION TO BE TRUE.			
_____		_____	
(Signature of Applicant)		(Fate)	

This form **must** be mailed or delivered in-person:

Return the following to this office:

**Commissioner for Oaths/Notary Public**  
Finance, Companies Office  
Woodsworth Building  
1034-405 Broadway  
Winnipeg, MB  
R3C 3L6

- Application form
- Oath of Office form properly witnessed
- Cheque, money order or credit card payment for **\$225.00**. Be sure your cheque, made payable to the *Minister of Finance*, is filled out correctly
- If paying by credit card, complete and return the attached *Payment Options* form with your signed documents.

# OATH OF OFFICE

I, \_\_\_\_\_  
(Print full legal name)

of \_\_\_\_\_  
(Full Home Address)

do solemnly swear/affirm/declare that, on appointment and so long as I shall continue to hold office, I will duly faithfully and to the best of my knowledge and ability perform and fulfill the duties and requirements of the office of Notary Public, without fear or favour.

So help me/God.

\_\_\_\_\_  
(Signature of Applicant)

Taken, subscribed and sworn/affirmed/declared before me at

\_\_\_\_\_ in the Province of \_\_\_\_\_  
(City/Town)

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_  
(month)

\_\_\_\_\_  
Signature of Commissioner for Oaths/Notary Public

\_\_\_\_\_  
Print Name of Commissioner for Oaths/Notary Public

My Commission expires \_\_\_\_\_  
(year/month/day)

