

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

APPENDIX  
DIVISION 820-6

- Form ACLN-1      Application For Appointment As An  
Alabama Civil-Law Notary
- Form ACLN-2      Appointment Of Protocol Custodian And  
Seal Filing
- Form ACLN-3      Alabama Civil-Law Notary Annual Report
- Form ACLN-4      Alabama Civil-Law Notary Signature And  
Seal

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 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:

[Blank lines for physical location]

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:

[Blank lines for notary name and address]

(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 forma 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

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)

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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

**Authors:** 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.