

**ALABAMA CIVIL-LAW NOTARY  
ANNUAL REPORT  
Form ACLN-3  
Effective xxxxxx xx, xxxx**

**Office of the Secretary of State  
Alabama Civil-law Notaries**

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 this 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 or Type Legal Signature of Applicant)

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

\_\_\_\_\_  
(Date)