

**INSTRUCTIONS AND SAMPLE**

**MAILED NOTARIZED ID**

**INSTRUCTIONS**

**Affiant:**

1. Xerox a photocopy of acceptable original identification document [See "Information Sheet for Sole Proprietor Applicants (Initial and Renewal) ] Concerning Requirement of Establishing Lawful Presence in the United States as a Condition of Health Facility Licensure" for acceptable forms of original identification documents.)
2. Present the photocopy together with your original identification document and a copy of this sample sheet to a notary public for certification.

**Notary Public:**

Type or print the certification statement that appears in bold on the sample below on above your official notary certification and seal.

*MAILED NOTARIZED ID SAMPLE*

*PHOTOCOPY  
APPLICANT ID*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**NOTARY**

**The undersigned notary whose seal is affixed hereto hereby certifies as follows: I was presented with and examined the original document, a photocopy of which appears on this page, and that said photocopy is a true copy of said original.**

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_  
WITNESS my hand and official seal.

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

NOTARY PUBLIC