



Emergency Video Notarization Journal

Entry No.	Date of Completion:	Time:	Last, First Name [Signer (s)]:	Type of Notarial Act:	Type Of ID:
					ID No.:
					Issuing Agency:
Were Other Person(s) Present? YES NO			Name(s) of Person(s) Present:		
Was original wet signature notarized? YES NO					
If "YES", On What Date: _____					
County (Where the principal is located at time of notarization):					
Signature:			What Type of Audio-Visual Technology/Software Was Used:		
Notes:			Could the Notary and Principal both see each other? YES NO		

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Notes:			Could the Notary and Principal both see each other? YES NO		

It is required that this Emergency Video Notary Journal be retained by the notary for at least ten (10) years.
This Emergency Video Notary Journal may also be digitally retained for your records.