

**NEVADA COPY CERTIFICATION BY NOTARY**  
**NRS 240.168**

State of Nevada }  
County of \_\_\_\_\_ } ss.

I certify that this is a true and correct copy of a document in the possession of

\_\_\_\_\_  
*Name of Person Who Presents the Document*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*Day Month Year*

*Place Notary Seal and/or Stamp Above*

\_\_\_\_\_  
*Signature of Notarial Officer*

**OPTIONAL**

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Address Where Original is Kept: \_\_\_\_\_

Capacity / Title Claimed by Presenter: \_\_\_\_\_

Title or Type of Original Document: \_\_\_\_\_

Original Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) or Issuing Agency: \_\_\_\_\_

# Nevada Copy Certification by Notary

This certificate may be used by Nevada Notaries to certify true copies of original documents.

The Notary must carefully compare the photocopy that is being certified to the original, and whenever possible, personally make the photocopy.

It is a good policy to keep an additional copy as an official record.

This certificate should be attached to the front page of the certified photocopy.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

## Instructions:

**1 NAME OF COUNTY** where notarial officer performs copy certification.

**2 NAME OF PRESENTER** of original document from which copy was made. This individual is the permanent or designated keeper of the original document.

**3 DATE OF NOTARIZATION.** Actual day, month and year in which presenter appears before notarial officer.

**4 SIGNATURE OF NOTARIAL OFFICER** exactly as name appears on certificate of appointment and in seal.

**5 SEAL IMPRINT,** clearly and legibly affixed.

**SPACES 6–11 ARE OPTIONAL.** Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**6 ADDRESS** where the original document is kept.

**7 CAPACITY/TITLE CLAIMED BY PRESENTER.** This indicates whether the presenter is acting as an individual or a representative of a company, institution, agency or other organization.

**8 TITLE OR TYPE OF ORIGINAL DOCUMENT,** such as "B.A. Degree."

**9 ORIGINAL DOCUMENT DATE.** The original's date of signing, effect, issuance or expiration may be noted here. If none, insert "No Date."

**10 NUMBER OF PAGES IN THE ORIGINAL DOCUMENT.** This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

**11 SIGNER(S) OR ISSUING AGENCY.** The name of any person(s) who may have signed the original document, along with the person's(s') title; and/or the agency, firm or institution that issued the original, such as "University of Nevada at Las Vegas."

**NEVADA COPY CERTIFICATION BY NOTARY**  
NRS 240.168

---

State of Nevada  
County of Clark } ss.

I certify that this is a true and correct copy of a document in the possession of

Michael T. Smith  
Name of Person Who Presents the Document

Dated this 8th day of June, 20xx  
Day Month Year

PAT R. JONES  
Notary Public, State of Nevada  
Appointment No. 123456789  
My Appt. Expires Jan 30, 20XX

Pat R. Jones  
Signature of Notarial Officer

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Address Where Original is Kept: 541 Main St., Las Vegas, NV 89155

Capacity / Title Claimed by Presenter: Individual

Title or Type of Original Document: B.A. Degree

Original Document Date: May 25, 20xx Number of Pages: 1

Signer(s) or Issuing Agency: University of Nevada, Las Vegas

©2020 National Notary Association



**ROSS & ASSOCIATES  
NOTARY PUBLICS DIRECT**

3172 N. RAINBOW BLVD PMB 34263 LAS VEGAS NV 89108 | 725.324.7787 | ROSSANDASSOCIATES-NOTARY.COM