**SIGNATURE WITNESSING**

TERRITORY OF AMERICAN SAMOA

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COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of document signer),

(choose applicable box below)

|  |  |
| --- | --- |
|  | Personally known to me |
|  | Proved to me through identification documents allowed by law, which were\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Proved to me on the oath or affirmation of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me and stated to me that (he/she) personally knows the document signer and is unaffected by the document. |
|  | Proved to me on the oath or affirmation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whose identities have been proved to me through documents allowed by law and who have stated to me that they personally know the document signer and are unaffected by the document |

to be the person who signed on the preceding or attached document in my presence.

Affix Seal Here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Authenticated Document(s)**

|  |  |
| --- | --- |
| Title or Description of Document | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Pages: | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Info (if any) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions for completing Notary Signature Witnessing Form**

All Signature Witnessing completed in American Samoa must contain the verbiage as it appears in the document above as well as the following information:

1. “County” must be the county where the document signer personally appeared before the notary.
2. Date the signer appeared before the notary.
3. Print the name of the principal (person signing the document)
4. Notary must check appropriate box of the method used to confirm the identity of the signer and/or the official documents used to verify that identity.
5. Notary must check appropriate box to indicate the capacity of the principal.
6. Notary must sign the document and affix date commission expires
7. Notary must affix his/her seal or stamp.
	1. Notary impression must be clear and photographically reproducible.
	2. If impression smudges, re-seal or re-apply if a sufficient area permits, otherwise, complete a different acknowledgement form.
8. If applicable, Notary must indicate the type of document being notarized and any other information to identify and incorporate said document.
9. Securely attach this Signature Witnessing Form to the signed document.

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