

**FLORIDA JURAT FOR SIGNER WITH DISABILITY**  
F.S. 117.05(14)(E) — Effective January 1, 2020

State of Florida

County of \_\_\_\_\_



Sworn to (or affirmed) before me by means of ☐ Physical Presence, — **OR** — ☐ Online Notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_,  
*Day Month Year Name of Person Swearing or Affirming*

and subscribed by \_\_\_\_\_ at the direction of  
*Name of Notary*

\_\_\_\_\_ by \_\_\_\_\_,  
*Name of Person Swearing or Affirming Written, Verbal, or Other Means*

and in the presence of these witnesses: \_\_\_\_\_,  
*Name of 1st Witness*

\_\_\_\_\_  
*Name of 2nd Witness*

\_\_\_\_\_  
*Signature of Notary Public — State of Florida*

\_\_\_\_\_  
*Name of Notary Typed, Printed or Stamped*

☐ Personally Known or ☐ Produced Identification

Type of Identification \_\_\_\_\_

*Place Notary Seal and/or Stamp Above*

*Any Other Required Information  
(Name(s) of Credible Witness(es), etc.)*

**OPTIONAL**

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

**Description of Attached Document**

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

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

Signer(s) Other Than Named Above: \_\_\_\_\_