

**APPOINTMENT OF PROTOCOL  
CUSTODIAN AND SEAL FILING  
Form DS-DE-42**

**Florida Civil-law Notaries**

Full Name of Appointee \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Florida Bar ID Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PROTOCOL**

If different than business address, please list the physical location where your notary protocol will be maintained:

\_\_\_\_\_  
Please provide the name and business address (P.O. Box or Mail Drop Box not acceptable) of a Florida a Civil-law Notary who has agreed to take custody of your protocol in the event your appointment is ever suspended or revoked, or you die or become incapacitated: \_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT**

**Having been named as the Florida Civil-law Notary agreeing to accept custody of the protocol of the person making this application, I hereby accept the designation and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as custodian, and I am familiar with and accept the obligations of my position as custodian.**

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

Please affix to this form a copy of the seal or graphic symbol unique to you intended to be used for the issuance of the authentic instruments, along with a copy of your appointment by the Secretary of State.

**CERTIFICATION**

I hereby register the seal affixed to this form as my official seal for use in my capacity as a Florida Civil-law Notary. I hereby certify that the information indicated on this form is true and accurate and that I understand any false statements herein constitute a violation of section 837.06, Florida Statutes, punishable as provided in section 775.082 or 775. 083, Florida Statutes.

\_\_\_\_\_  
(Legal Signature of Appointee as it will appear in notorial acts)

\_\_\_\_\_  
(Print or Type Legal Signature of Appointee)

\_\_\_\_\_  
(Date)