# Certificate of Manual Signature

Print Reset

I, _____ _____ _____,
(First Name) (Middle Name) (Last Name)

acting as the _____
(Position Held)

for the _____
(Name of the Office/Department/Board/etc.)

District Court Clerks: do hereby certify that the following is my signature to be used as a facsimile signature to be applied to records and judicial proceedings in accordance with K.S.A. 20-365.

All other positions: do hereby certify that the following is my signature that is to be used as a facsimile signature in lieu of my manual signature and that both signatures will have the same effect when executing either a public security or any instrument of payment in accordance with K.S.A, 75-4001, et seq.

The Certificate of Manual Signature is prepared and certified in accordance with K.S.A. 75-4001 through 75-4007.

Manual signature: _____

State of Kansas

County of _____

Signed and sworn to before me on _____ by _____
(Date of Notarization) (Printed Name of Above Signer)

Notary signature _____

Notary expiration date _____

**Instruction**
There is no fee for this form.

Mail completed form to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

**Request a Certificate**
Provide an email address to request a free certificate. Certificates are only available by email.

Email: _____

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