9B.16 Short form certificates.
The following short form certificates of notarial acts are sufficient for the purposes indicated, if completed with the information required by section 9B.15, subsections 1 and 2:

1. For an acknowledgment in an individual capacity:
   State of........................................
   [County] of.....................................
   This record was acknowledged before me on......................(Date)
   by......................................................Name(s) of individual(s)
   ......................................................
   Signature of notarial officer
   Stamp
   [......................................................]
   Title of office
   [My commission expires:.........................]

2. For an acknowledgment in a representative capacity:
   State of........................................
   [County] of.....................................
   This record was acknowledged before me on......................(Date)
   by......................................................Name(s) of individual(s)
   as (type of authority, such as officer or trustee) of (name of party on behalf of whom record was executed).
   ......................................................
   Signature of notarial officer
   Stamp
   [......................................................]
   Title of office
   [My commission expires:.........................]

3. For a verification on oath or affirmation:
   State of........................................
   [County] of.....................................
   Signed and sworn to (or affirmed) before me on......................(Date)
   by......................................................Name(s) of individual(s)
   making statement
   ......................................................
   Signature of notarial officer
   Stamp
   [......................................................]
   Title of office
   [My commission expires:.........................]

4. For witnessing or attesting a signature:
   State of........................................
   [County] of.....................................
   Signed (or attested) before me on......................(Date)
   by......................................................Name(s) of individual(s)
   ......................................................
   Signature of notarial officer
   Stamp
   [......................................................]
Title of office
[My commission expires:......................]

5. For certifying a copy of a record:
   State of.................................
   [County] of...............................  
   I certify that this is a true and correct copy of a record in the
   possession of..............................
   Dated.................................
   .........................
   Signature of notarial officer
   
   Stamp
   [...............................]
   Title of office
   [My commission expires:......................]

2012 Acts, ch 1050, §15, 60
Referred to in §9B.14A, 9B.15