



## FAMILY MEMBER NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

### A. To Be Completed By Data Subject:

On \_\_\_\_\_ (insert date) I, \_\_\_\_\_ (name of Data Subject/you), acknowledge that I have authorized \_\_\_\_\_ (name of family member) who is my \_\_\_\_\_ (relation to you), to submit a data Access request to Wiland on my behalf and certify that I am the person whose name is subscribed within this Authorized Agent Notary Acknowledgment Form. Below is my current, accurate full name, primary postal address and, if provided below, primary email address (Note: all information below must match the information provided to Wiland through the Wiland Privacy Choices web page or toll free telephone number).

\_\_\_\_\_ (Full Name)

\_\_\_\_\_ (Address line 1)

\_\_\_\_\_ (Address line 2)

\_\_\_\_\_ (Email address - optional)



I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_ Print

Name \_\_\_\_\_

**B. To Be Completed By Notary Public:**

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_ (name of Data Subject), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

Print Name \_\_\_\_\_

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]

**C. To Be Completed By Family Member:**

On \_\_\_\_\_ (insert date) I, \_\_\_\_\_ (name of family member), acknowledge that I have been authorized by \_\_\_\_\_



(name of Data Subject) to submit a data Access request on his/her behalf and certify that I am the person whose name is subscribed within this Family Member Notary Acknowledgment Form as the authorized family member of the Data Subject.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

**D. To Be Completed By Notary Public:**

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_ (name of family member), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument as the authorized family member of the Data Subject.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

Print Name \_\_\_\_\_

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]