



New Brunswick
Massotherapy Association
Association de massothérapie
du Nouveau-Brunswick

Notary Public/Commissioner of Oaths
Verification Form

Province of _____

County of _____

I, _____ a notary public/commissioner of oaths in and for the
Province of _____ assert this to be a true
photograph of _____. I have subscribed my name
and affixed my seal on this the _____ day of _____, in the
year _____ and I hereby certify that in all respects, it is a true
photograph.

Signature

Date

Picture goes here