

INSTRUCTIONS FOR NOTARY PUBLIC NAME CHANGE

TYPE OR PRINT IN INK. Read all instructions and information carefully. Only your signature should be written, all other information should be printed or typed. All questions must be answered completely. You are required to complete all applicable items before you will be issued an amended commission.

1. Print your full name – first, middle last. Your name must be your legal first, middle and last name. You may not alter your last name in any way. If you do not have a middle name, enter “NMN” in the appropriate space. If your first or middle name consists of an initial only, enter “Initial Only.”
2. Enter your social security number. You must provide your social security number pursuant to Family Code Section 17520(d).
3. Enter the month, day and year of your birth.
4. Enter the name of your principal place of business. If self-employed, enter “self-employed.”
5. Your principal place of business is where you perform 50% or more of your notary duties. Enter the address of your principal place of business. Do not enter a P.O. Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or rural free delivery route and box number. **Please note, this address is considered public information and will be given out to the public upon request.**
6. Enter the address where you receive your business mail if different from Item 5. If the mailing address is a P.O. Box, enter that address. **Please note, this address is considered public information and will be given out to the public upon request.**
7. Enter your home address. Do not enter a P.O. Box number. If your home address has no street and number, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. **Please note, this address will be given out to the public upon written request.**
8. Enter your e-mail address (optional).
9. Enter your name exactly as it appears on your current commission.
10. Self explanatory.
11. Self explanatory.
12. Print your name exactly as you want it on your commission. Titles or quotes are not acceptable.
13. Sign your name. The official signature must be used by you in signing ALL notarized documents.

Mail completed application to:

Secretary of State, Notary Public Section, PO Box 942877, Sacramento, CA 94277-0001.

PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. Requires each state agency to provide this notice to individuals completing this application. The information is being requested by: The Secretary of State’s Office, Notary Public Section, P.O. Box 942877, Sacramento, CA 94277-0001. Telephone (916) 653-3595. Application information is requested as authorized by Gov. Code Sec. 8213. The principal purpose for this information is to enable the Secretary of State to carry out duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no individual record shall be divulged by an employee or officer for the federal government, the state government, or a local agency, as defined in Gov. Code Sec. 6252 (b), acting in his/her official capacity.



STATE OF CALIFORNIA
SECRETARY OF STATE
NOTARY PUBLIC NAME CHANGE

**IMPORTANT – TYPE OR PRINT IN INK. Read instructions on back before completing this application.
This application is presented for filing pursuant to Government Code Section 8213.**

| | | |
|---|------------------------|------------------|
| 1. APPLICANT'S NAME (FIRST) (MIDDLE) (LAST) | 2. SOCIAL SECURITY NO. | 3. DATE OF BIRTH |
|---|------------------------|------------------|

4. NAME OF PRINCIPAL PLACE OF BUSINESS

| | | | |
|--|------|----------|--------|
| 5. BUSINESS ADDRESS (DO NOT LIST A P.O. BOX) | CITY | ZIP CODE | COUNTY |
|--|------|----------|--------|

| | | |
|---|------|----------|
| 6. ADDRESS WHERE YOU RECEIVE YOUR BUSINESS MAIL (IF DIFFERENT FROM #5.) | CITY | ZIP CODE |
|---|------|----------|

| | | |
|--|------|----------|
| 7. ADDRESS WHERE YOU LIVE (NUMBER, STREET, APT. NO.) | CITY | ZIP CODE |
|--|------|----------|

8. E-MAIL ADDRESS (OPTIONAL)

9. PRINT NAME EXACTLY AS SHOWN ON CURRENT COMMISSION:

| | |
|-----------------------|---------------------|
| 10. COMMISSION NUMBER | 11. EXPIRATION DATE |
|-----------------------|---------------------|

12. Print your name exactly as you want it shown on your amended commission. This name must be used in signing all notarized documents. NOTE: You may be required to present identification to the County Clerk when you file your oath and bond. If so, the identification must substantially match the requested official notary public name below.

(FIRST) (MIDDLE) (LAST)

13. SIGNATURE _____ Date _____
(This signature must be used by you in signing ALL notarized documents.)