



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

Notary Commissions

P.O. Box 821
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Notary Public, State at Large
Change of Information

A. CHANGE TYPE:

Mark each section or sections that apply:

- Change of Name: _____ Change of Residential Mailing Address: _____
Change of Residential Physical Address: _____ Change of County of Residence: _____
Change of County of Employment: _____ Change of Business Mailing Address: _____
Change of Business Physical Address: _____ Change of Signature: _____
Change of Notary Technology: _____

If you have indicated a change of name you must also indicate and provide a change of signature.

B. NOTARY INFORMATION:

- Please provide your Notary Commission Number: _____
Please provide your Notary Commission Expiration Date: _____
Please indicate whether you are currently registered to perform electronic and/or online notarizations: _____

If you indicated a change of name or signature that will result in a change of your electronic signature. You will need to provide the new electronic signature to the Office of the Kentucky Secretary of State electronically through our website at www.sos.ky.gov.

C. CHANGE OF NAME:

- Please provide your name as it appears on your current certificate of appointment:
First Name: _____ Middle Name or Initial: _____ Last Name: _____
Please provide your new full legal name:
First Name: _____ Middle Name or Initial: _____ Last Name: _____

D. CHANGE OF ADDRESS: (If your physical residential address is different from your mailing address please provide both)

- Current Residential Mailing Address: _____
City: _____ County: _____ State: _____
Zip Code: _____
New Residential Mailing Address: _____
City: _____ County: _____ State: _____
Zip Code: _____

Current Business Mailing Address: _____
City: _____ County: _____ State: _____
New Business Mailing Address: _____
City: _____ County: _____ State: _____
Current Business Physical Address: _____
City: _____ County: _____ State: _____
New Business Physical Address: _____
City: _____ County: _____ State: _____

E. CHANGE OF RESIDENCE COUNTY:

Current County of Residence: _____
New County of Residence: _____

F. CHANGE OF COUNTY OF EMPLOYMENT:

Current County of Employment: _____
New County of Employment: _____

G. CHANGE OF NOTARY TECHNOLOGY:

Current Notary Technology Provider: _____
New Notary Technology Provider: _____

F. CHANGE OF SIGNATURE

Former Signature: _____
New Signature: _____

**CHANGE OF INFORMATION
INSTRUCTIONS**

Section B, Notary Information:

Provide your Kentucky notary commission number and expiration date as it appears on your certificate of appointment and state whether you are currently registered to perform electronic or online notarizations.

If you indicated a change of name or signature that will result in a change of your electronic signature. You will need to provide the new electronic signature to the Office of the Kentucky Secretary of State electronically through our website at www.sos.ky.gov.

Signature of Applicant – the application is not complete until signed and the signature matches the name listed on line Section F.

Delivery: Mail your completed Change of Information form, along with the fee of **\$10** (payable to the **Kentucky State Treasurer**) to:

**Notary Commissions
P.O. Box 821
Frankfort, KY 40602-0821**