



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Notary Commissions

P.O. Box 821
Frankfort, KY 40602
(502) 564-3490

www.sos.ky.gov

**Notary Public
Change of Information Form**

Fee: \$10

READ AND FOLLOW ALL INSTRUCTIONS ON PAGE 2

NOTARY INFORMATION: All Information is required.

Name as it appears on your Notary Public Certificate: _____

Commission Number: _____ Current Expiration Date: _____ Date of Birth: _____

CONTACT INFORMATION: Provide the email address and telephone number that you currently use.

Email Address: _____ Phone number: _____

COMPLETE ALL SECTIONS THAT APPLY

CHANGE OF NAME: Provide your new full legal name.

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

CHANGE OF RESIDENTIAL ADDRESS: Provide the new address where you reside and receive mail.

New Residential Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

CHANGE OF BUSINESS ADDRESS: Provide the new address of your place of employment or practice where you receive mail.

New Business Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

SIGNATURE OF NOTARY PUBLIC

Your handwritten signature is required on the line below. See instructions on page 2 and KRS 423.360.

Signature: _____ Date: _____

All persons appointed to the office of notary public are advised to read and become familiar with all provisions of KRS Ch. 423 and 30 KAR 8:005, available for review on the Kentucky Secretary of State website: sos.ky.gov as well as the Legislative Research Commission website: lrc.ky.gov.

KRS 423.390(7): If, at any time during his or her period of commission under this section, or period of registration under subsection (10) of this section, a notary public changes his or her mail or electronic mail address, county of residence, name, signature, electronic signature*, or the technology or device used to perform notarial acts or to maintain his or her journal or to render electronic documents tamper-evident*, the notary public shall, within ten (10) days after making the change, submit to the Secretary of State the changed information upon the form and containing all information required by the Secretary of State.

***Note to Remote Online Notary Registrants ONLY:** An updated registration form signed electronically with your updated electronic signature, stamp, and digital certificate must be submitted online: <https://web.sos.ky.gov/notaries/SubmitRegistration.aspx>

KRS 423.395(1)(a): The Secretary of State may deny, refuse to renew, revoke, suspend, or impose a condition on a commission as notary public for any act or omission that demonstrates the individual lacks the honesty, integrity, competence, or reliability to act as a notary public, including:

- (a) Failure to comply with KRS 423.300 to 423.455

CHANGE OF INFORMATION INSTRUCTIONS

Notary Information: Provide your name, commission number, and expiration date **as it appears on your current commission certificate.** Enter your date of birth.

Contact Information: Provide the email address and phone number that you currently use.

Changes of Information: Provide all updates as applicable:

Full Legal Name: The notary public certificate and stamping device must contain the notary's full legal name. Do not attempt to change the name on your notary commission if the new name does not reflect your full legal name.

Residential Address: This is the address where you reside and receive mail.

Business Address: This is the address where you work and receive mail on a regular basis.

Note: Either the residential address or business address must be located in Kentucky.

Signature of Notary Public: When performing a notarial act, you are required to sign in the same manner as on file with the Secretary of State. *See* KRS 423.360.

Fee: \$10.00: Checks and money orders may be made payable to the Kentucky State Treasurer (KST).

The application and fee must be submitted by mail:

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