



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
Request for Replacement Commission Certificate

A. NOTARY INFORMATION

Please provide your full legal name:

First Name: Middle Name or Initial: Last Name:

Residential Mailing Address (If your physical residential address is different from your mailing address please provide both:

City: County: State:

Zip Code:

Date of Birth: (Month-Day-Year)

Telephone Number with Area Code:

B.COMMISSION INFORMATION

Please provide your Notary Commission Number:

County of Commission: (The County where you took your oath and posted surety)

Please provide your Notary Commission Expiration Date:

Deed Book and Page Number where the surety for your current commission is recorded.

C. REASON FOR REPLACEMENT

My previous commission certificate was: LOST STOLEN

By signing below the undersigned acknowledges that the Secretary of State may deny, refuse to renew, revoke, suspend or impose a condition on a notary commission for any act or omission that demonstrates that applicant lacks the honesty, integrity, competence or reliability to act as a notary public and that by delivering this application to the Secretary of State the undersigned is deemed to have declared under penalty of perjury that the answers and information provided are true and correct.

Name of Applicant: (Print or Type Your Full Legal Name as Entered in Section A)

Signature of Applicant: Date: (Sign Your Full Legal Name as Stated Above)

**REQUEST FOR REPLACEMENT COMMISSION  
INSTRUCTIONS**

**Section A, Notary Information:** Provide your full legal name and residential mailing address.

**Section B, Commission Information:** Provide your Kentucky notary commission number and expiration date. Your county of commission is the county where you completed the process of becoming a notary by taking your oath and filing your surety.

The county clerk in the county where you completed your commission can provide you with the book and page where your surety is recorded.

**Signature of Applicant** – the request is not complete until signed and the signature matches the name listed in Section A.

**Delivery:** Mail your completed Request for Replacement Commission Certificate form, along with the fee of **\$10** (payable to the **Kentucky State Treasurer**) to:

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