



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, State at Large

Report of Lost, Stolen, Vandalized or Improperly Accessed Stamping
Device, Electronic Signature, Notary Technology or Journal

A. REPORT TYPE:

Mark each section or sections that apply:

- Lost stamping device: \_\_\_\_\_ Stolen Stamping Device: \_\_\_\_\_
Vandalized Stamping Device: \_\_\_\_\_ Improperly Accessed Stamping Device: \_\_\_\_\_
Lost Electronic Signature: \_\_\_\_\_ Stolen Electronic Signature: \_\_\_\_\_
Improperly Accessed Electronic Signature: \_\_\_\_\_ Lost Notary Journal: \_\_\_\_\_
Stolen Notary Journal: \_\_\_\_\_ Improperly Accessed Notary Journal: \_\_\_\_\_
Lost Notary Technology: \_\_\_\_\_ Stolen Notary Technology: \_\_\_\_\_
Improperly Accessed Notary Technology: \_\_\_\_\_

B. NOTARY INFORMATION:

Please write your name as it appears on your notary commission: \_\_\_\_\_
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: \_\_\_\_\_

C. REPORT:

Please provide your sworn statement below, or attach a sworn statement separately regarding the circumstances of your report.

The undersigned hereby swears or affirms, under penalty of perjury, that:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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**D. ADDITIONAL INFORMATION:**

Please provide any additional supporting documentation such as police reports and other communications by attaching those separately.

**E. SIGNATURE AND NOTARIZATION:**

Name of Notary Public Reporting: \_\_\_\_\_

(Please Print)

Date of Signature: \_\_\_\_\_

**Delivery:** Mail your completed Report Form to:

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