



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
Statement of Voluntary Termination

A. COMMISSION INFORMATION:

Please provide your Notary Commission Number: _____

Please provide your Commission Expiration Date: _____

Please indicate whether you are currently registered to perform electronic and/or online notarizations: _____

Voluntary termination of a notary commission automatically terminates any notary registration. KRS 423.390 (15)

B. NOTARY INFORMATION:

Please provide your name as it appears on your certificate of appointment.

First Name: _____ Middle Name or Initial: _____ Last Name: _____

Residential Street Address: (Must Include Physical Address) _____

City: _____ County: _____ State: _____

Zip Code: _____ E-mail address: _____

Business Street Address: (Must Include Physical Address) _____

City: _____ County: _____ State: _____

Date of Birth: _____

(Month-Day-Year)

Telephone Number with Area Code: _____

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

STATEMENT OF VOLUNTARY TERMINATION

I hereby voluntarily terminate Kentucky notary commission. I understand that I am longer authorized to perform notarizations in the Commonwealth of Kentucky and that voluntary termination of my notary commission automatically terminates my registration to perform electronic or online notarizations. I further understand that I must disable my notary stamping device upon resignation by defacing damaging, erasing, or securing it against use in a manner that renders it unusable; that if I was registered as an online notary I must retain my journal, including audio -visual recording, for ten (10) years after the performance of the last electronic notarization chronicled in the journal; and that if I was registered as an electronic or online notary, my notary technology and electronic stamping device (including any coding, disk, digital certificate, card, software, or password that enables me to attach or logically associate my electronic signature or official stamp to an electronic record) must be destroyed or disabled to prohibit its use by any other person.

Name of Notary Public Voluntary Terminating: _____
(Please Print)

Signature of Notary Public Voluntary Terminating: _____

Date of Signature: _____

State of _____

County of _____

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____.

Notary Public Signature

Printed Name of Notary Public

My Commission Expires: _____

Commission Number: _____

C. NOTARY RESPONSIBILITIES UPON RESIGNATION:

A notary public must disable the notary public’s stamping device upon resignation by destroying, defacing, damaging, erasing, or securing it against use in a manner that renders it unusable. KRS 423.375

Upon resignation, an online notary public shall retain the notary’s journal, including any audio-visual recording, for ten (10) years after the performance of the last electronic notarization chronicled in the journal. KRS 423.380 (6), 30 KAR 8:060.

Upon resignation of the commission of a notary registered as an electronic or online notary public, the notary public's notary technology and electronic stamping device (including any coding, disk, digital certificate, card, software, or password that enables the notary public to attach or logically associate the notary’s electronic signature or official stamp to an electronic record) must be destroyed or disabled to prohibit its use by any other person. 30 KAR 8:040.

**STATEMENT OF VOLUNTARY TERMINATION
INSTRUCTIONS**

Section A, Commission 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.

Section B, Notary Information: Your county of commission is the county where you completed the process of becoming a notary by taking your oath and filing your surety.

Notarized Signature of Notary Public Voluntarily Terminating – the Statement of Voluntary Termination is not complete until signed and the signature matches the name listed in Section B, and the signature of the Notary Public voluntarily terminating is notarized.

Delivery: Mail your completed Statement of Voluntary Termination to:

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