INSTRUCTIONS FOR NOTARY PUBLIC NAME CHANGE

TYPE OR PRINT IN INK. Read all instructions and information carefully. Only your signature should be written, all other information should be printed or typed. All questions must be answered completely. You are required to complete all applicable items before you will be issued an amended commission.

- 1. Print your full legal name first, middle last. Your name <u>must</u> be your legal first, middle and last name. You may <u>not</u> alter your last name in any way. If you do not have a middle name, enter "NMN" in the appropriate space. If your first or middle name consists of an initial only, enter "Initial Only."
- 2. Enter the month, day and year of your birth.
- 3. Enter the name of your principal place of business. If self-employed, enter "self-employed."
- 4. Your principal place of business is where you perform 50% or more of your notary duties. Enter the address of your principal place of business. Do not enter a P.O. Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or rural free delivery route and box number. Please note, this address is considered public information and will be given out to the public upon request.
- 5. Enter the address where you receive your business mail if different from Item 4. If the mailing address is a P.O. Box, enter that address. Please note, this address is considered public information and will be given out to the public upon request.
- 6. Enter your home address. Do not enter a P.O. Box number. If your home address has no street and number, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. Please note, this address will be given out to the public upon written request.
- 7. Enter your e-mail address (optional).
- 8. Enter your name <u>exactly</u> as it appears on your current commission.
- 9. Enter your commission number.
- 10. Enter your commission expiration date.
- 11. <u>Print</u> your name exactly as you want it on your amended commission. Titles or quotes are not acceptable.
- 12. Sign your name. The official signature must be used by you in signing ALL notarized documents. Mail completed application to:
 - Secretary of State, Notary Public Section, PO Box 942877, Sacramento, CA 94277-0001.

PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. Requires each state agency to provide this notice to individuals completing this application. The information is being requested by: The Secretary of State's Office, Notary Public Section, P.O. Box 942877, Sacramento, CA 94277-0001. Telephone (916) 653-3595. Application information is requested as authorized by Gov. Code Sec. 8213. The principal purpose for this information is to enable the Secretary of State to carry out duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no individual record shall be divulged by an employee or officer for the federal government, the state government, or a local agency, as defined in Gov. Code Sec. 6252 (b), acting in his/her official capacity.



STATE OF CALIFORNIA SECRETARY OF STATE NOTARY PUBLIC NAME CHANGE

IMPORTANT – TYPE OR PRINT IN INK. Read instructions on back before completing this application. This application is presented for filing pursuant to Government Code Section 8213.

1. FULL LEGAL NAME (FIRST)	(MIDDLE)	(LAST)	(LAST)		2. DATE OF BIRTH	
3. NAME OF PRINCIPAL PLACE OF BUSINES	e					
3. NAIVIE OF PRINCIPAL PLACE OF BUSINESS						
4. BUSINESS ADDRESS (DO NOT LIST A P.O. BOX)		CITY	ZIP CODE COUNTY			
			,CA			
5. ADDRESS WHERE YOU RECEIVE YOUR E (IF DIFFERENT FROM #4.)	BUSINESS MAIL	CITY			ZIP CODE	
(II DII I ERENTI ROM #4.)						
6 ADDDESS WILEDE VOLLLIVE WILIMDED S	TDEET ADT NO	CITY		,CA	ZIP CODE	
6. ADDRESS WHERE YOU LIVE (NUMBER, S	TREET, APT. NO.)	CITY			ZIP CODE	
				,CA		
7. E-MAIL ADDRESS (OPTIONAL)			,CA			
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8. PRINT NAME EXACTLY AS SHOWN ON CURRENT COMMISSION:						
9. COMMISSION NUMBER		10. EXPIRATION DATE				
44 Drint your name exactly as you want it	ahawa an yaur amand	ad commission. This n	omo muet ho ue	ad in aigning	all natarized	
11. <u>Print</u> your name exactly as you want it shown on your amended commission. This name <u>must</u> be used in signing all notarized documents. NOTE: You may be required to present identification to the County Clerk when you file your oath and bond. If so,						
the identification must substantially ma	tch the requested off	icial notary public nai	ne below.			
-	-					
(FIRST) (MIDI		DDLE)	E)			
12. SIGNATURE						
(This signature must be use	ed by you in signing ALL n	otarized documents.)			Date	
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