



State of Missouri
John R. Ashcroft, Secretary of State

Commissions
PO Box 784, Jefferson City, MO 65102
Toll-Free (866) 223-6535 or (573) 751-2783

**Application for Amended Commission as a Notary Public
Change of Name or Change of County**

(Application fee \$5)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
(New Name This name must appear as it is signed in #8)

2. Home Address _____
City _____ State _____ Zip Code _____

3. County of Residence or place of regular business (St. Louis City Residents please specify City)
(Non-resident – Missouri Employer County) (Provide new county if changing county.) _____

4. Daytime Phone Number _____

5. Commission Number _____

6. CHANGE IN NAME

I hereby request the Secretary of State to issue an amended notary public commission from the name style
_____ to _____ effective on
(Name as it appears on current Commission) (Type new name here)
the _____ day of _____.

7. CHANGE OF COUNTY

I hereby request the Secretary of State to issue an amended notary public commission changing my county of residence from
_____ County, Missouri, to _____ County
Missouri, where I am presently residing, effective on the _____ day of _____.

8. Signature and Email Address of Applicant (New Name This signature must appear as it is typed or written in #1)

PAYMENT

\$5 Check or Money Order Enclosed (Payable to Director of Revenue)

*Credit Card: Master Card Visa Discover American Express
*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

CVV SECURITY CODE FROM BACK OF CARD _____

BILLING ADDRESS FOR CARD WITH CORRECT ZIP CODE _____

SIGNATURE _____

Amended Application Instructions

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.
Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.
2. **Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.
3. **County of Residence** - Please indicate the county in which you legally reside or regular place of work. You are commissioned for the county in which you live or regular place of work if you are a Missouri resident. You are able to notarize anywhere in the state of Missouri. *If you reside in St. Louis City, please put St. Louis City in the county blank.
4. **Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
5. **Commission Number** - Please provide your commission number.
6. **Change in Name**
Indicate both the previous name and the new name style under which you wish to be commissioned as a notary public.
7. **Change of County**
Indicate the previous county within and for which you were commissioned as a notary public and the new Missouri county to which you wish to have your commission amended. Note that the effective date is the date when your legal residency and voter registration in the new county, your new name style or your new county of employment became official.
8. **Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application. Please include your \$5 application fee.

Please include your previous notary certificate. You will receive a new certificate with your new information.