

Notary Public Request to Change Record

Please Type or Print Clearly in Ink No Filing Fee

Return to: Secretary of State, 500 East Capitol Ave, Pierre, SD 57501

Name a	as it appears on your o	commission				
		oned under				
Date co	ommission issued					
County	·		Date of Birth			
Email (Optional)			Phone Number			
1ark all boxes that apply:				Make Imprint of N	lew Seal Here	
Chang	<u>je Seal</u> :					
	intend to use <u>both</u> th When I renew my co	ne new notary seal impring the new seal and my curre commission, I am aware I woth notary seals on the a	ent notary seal. will need to			
		ntinue the use of my curre mprint of the new notary				
<u>Chang</u>	<u>je Name</u> :					
	I would like to change my name on my notary public commission and will use the imprint of the new notary seal above. Complete the following:					
	Date of name change					
	Changed by	Court Order		Marriage		
	New name (as it appears on new notary seal)					
Chang	<u>je Address</u> :	(ας 11 αμμεαι	'S On New Hotary se	ear)		
	I would like to chang	ge my physical address c	on file to the addre	ess below.		
	Physical Address	City	Sta	ate Zip	County	
	I would like to chang	I would like to change my mailing address on file to the address below.				
	Mailing Address	City	Sta	ate Zip	County	
	by state that the above	e information is true and tuntil I am notified by the	l correct. I under	stand that I will n	•	
Dated						
		(Signature EXACTLY as found on your seal imprint)				
				OR INTERNAL OFFI		
				ile Date: Commission Date:		
				Johan ID:		