

**JON HUSTED**  
Ohio Secretary of State



**Client Service Center**

Central Ohio: (614) 466-8770  
Toll Free: (877) SOS-FILE (877-767-3453)  
Records@OhioSecretaryofState.gov  
For more information: www.OhioSecretaryofState.gov

**Mail this form to the following:**

Ohio Secretary of State  
Notary Commission  
P.O. Box 1658  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

## Application for Amendment of Notary Public Information

**Choose the box(es) that apply to the amendment desired:**

<input type="checkbox"/> 1. Change of Name - \$2.00 (Includes duplicate commission)	<input type="checkbox"/> 2. Change of Address - No fee (no new commission will be sent)	<input type="checkbox"/> 3. Resignation of Commission - No fee	<input type="checkbox"/> 4. Duplicate - \$2.00 Required Affidavit must be attached (see instructions)
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Current Name on Commission

Commission Number  Expiration Date  County of Residence

Contact Number  Email Address

Contact Mailing Address

City  State  ZIP Code

**If box 1 is selected complete the following information:**

New Name for Commission

**Note: Duplicate commission with the new name will be mailed to contact address provided above.**

**If box 2 is selected complete the following information:**

Current Address on Record

City  State  ZIP Code

New Address for Record

City  State  ZIP Code  County

**If box 3 is selected complete the following information:**

Effective Date of Resignation (MM/DD/YYYY)

**AFFIDAVIT FOR DUPLICATE COPY  
OF NOTARY COMMISSION**  
(ORC Section 147.371)

State of

County of

The original notary public commission of

Name of notary public requesting duplicate commission

has been lost or destroyed.

Signature

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal

Notary Public

Date Commission Expires (MM/DD/YYYY)

## Instructions for Application for Amendment of Notary Public Information

This form is to be used when a Notary Public must change their name and/or address; to file a resignation of commission; or to order a duplicate copy of the commission.

Please provide the required information at the top of the form. You must select the appropriate box or boxes to amend your commission. There is no limit to the number of actions that can be completed on one form.

Please provide your name as currently recorded in our system, the commission number, expiration date, county of residence and also provide contact information including phone number, email address and mailing address so that we may contact you with any issues. We will use this contact mailing address to return any documentation to you as it is possible that the address we have on record is out of date. Please check the database to see if your address needs to be updated on our records. Our database can be viewed at: <https://www.sos.state.oh.us/notary/search-notaries/>.

### **Change of Name**

The fee for a name change is \$2.00 which includes a duplicate copy of the commission after the name is changed. Our office will automatically send the duplicate copy to you after you submit a name change and pay the required fee therefore; you do not need to check box 4 in addition to box 1 to receive this copy. Please provide the new name for your commission in the box.

### **Change of Address**

There is no fee for an address change. Please provide your current address on our database (see above for our website information) and provide the new mailing address.

### **Resignation of Commission**

Please provide the effective date of the resignation in the box provided. No fee is required.

### **Duplicate Copy**

If you need a duplicate copy of your commission, then please check box 4 and pay a \$2.00 fee. Please complete the first box which asks for current commission information and contact information. Also, you must include the attached affidavit as required by ORC147.371 which states that the original commission has been lost or destroyed.