## Commonwealth of Pennsylvania – Department of State Office of Notaries, Commissions, and Legislation 401 North Street 201 North Office Building Harrisburg, PA 17120



## NOTARY PUBLIC CHANGE OF ADDRESS/EMAIL

(Revised 3/1/2020)



Tel: (717) 787-5280 Web: dos.pa.gov/notaries

A notary public must notify the Department of State within 30 days of any change in the information on file with the Department, including the notary's office address, home address or email address. Such notice may be made in writing or by email and shall state the effective date of such change.

This form may be submitted online at <a href="www.notaries.pa.gov">www.notaries.pa.gov</a> (link to "Notary Services" and then "Update Information").

Where a notary public moves the notary's office address to a different county, the notary must register the notary's official signature in the prothonotary's office of the new county within 30 days.

**PRINT OR TYPE CLEARLY. FILL OUT FORM COMPLETELY.** Do <u>not</u> leave any blanks. Use "none," "N/A" or cross out section if applicable. There is no fee for filling this form.

For Official Use Only		

Notary commission expiration date	Notary commiss	Notary commission ID number		Email address where you can be contacted about this form		
Full name as commissioned	Date of birth (mi	n/dd/yyyy)	Effective date of address change (mm/mm/yyyy)			
Office Address (place of employment Employer/Business Name	or practice) currently	on file with Departme	nt			
Zinproyen Bueniese Hame						
Employer/Business Street Address (P.O. Box alone is insufficient)		City	State	Zip Code		
Employer/Business Telephone (include area code	I	County				
New Office Address (NOTE: Office add	dress information is a pu	blic record)				
Employer/Business Name		,				
imployer/Business Street Address (P.O. Box alone is insufficient)		City	State	Zip Code		
Employer/Business Telephone (include area code		County				
Home Address currently on file with I	Department					
Home Street Address (P.O. Box alone is insufficie		City	State	Zip Code		
Home Telephone (include area code)			County	County		
New Home Address						
Home Street Address (P.O. Box alone is insufficie	nt)	City	State	Zip Code		
lome Telephone (include area code)			County	County		
Email Address currently on file with Department		New Email A	Address			
PPLICANT DECLARATION: I shall furnish a ne best of my knowledge and belief, this filing iven by me is true and complete. I understar to authorities) and may result in the suspension	contains no misrepresenta d that any false statement	ations or falsifications, om made is subject to the pe	ission or concealments of material fact	and the information		
otary Signature (must match name on com	mission) Notary	/ Printed Name (must ma	atch name on commission) Date			