Commonwealth of Pennsylvania – Department of State
Office of Notaries, Commissions and Legislation
401 North St., Rm 201 Harrisburg, PA 17120
Tel: (717) 787-5280
dos.pa.gov/notaries
ra-notaries@pa.gov

NOTARY PUBLIC RESIGNATION

(Revised 4/1/2026)

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If a notary public neither resides nor works in the Commonwealth, that notary public shall be deemed to have resigned from the office of notary public as of the date the residency ceases or employment within the Commonwealth terminates. A notary may also voluntarily resign from the duties of office at any time during the course of the notary commission.
A notary public who resigns his or her commission shall notify the Department of State within 30 days of the effective date of the resignation as required by 4 Pa. Code § 167.45.

This form may be completed and printed at
https://www.pa.gov/agencies/dos/programs/notaries/update-your-information.html

PRINT OR TYPE CLEARLY. FILL OUT FORM COMPLETELY. Do **not** leave any blanks. Use "none" or "N/A" if applicable. There is no fee for this filing.

For Official Use Only

Notary commission expiration date	Date of Birth (mm/dd/yyyy)
Notary commission ID number	Telephone number (including area code)

Email address where you can be contacted about this form: _____

PART I: Full name as it appears on your current commission:			
First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)

Effective date of resignation: _____ /_____/_____
Month Day Year

Reason for resignation (check and complete one):

☐ I no longer live or work in the Commonwealth of Pennsylvania.

☐ Other (please specify):

_____

_____

_____

NOTE: Pursuant to 57 Pa.C.S. § 319(e)(2), notaries public must deliver their journal to the office of the recorder of deeds in the county where the notary public last maintained an office within 30 days of resignation. Pursuant to 57 Pa.C.S. § 318(a)(2), on resignation of a notary public commission or on the expiration of the date set forth on the notary stamp/seal, the notary public shall disable the stamping device by destroying, defacing, damaging, erasing or securing it against use in a manner which renders it unusable. Do not send your journal or notary stamping device to the Department of State if you are resigning or when your commission expires.

DECLARATION: I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Department of State. To the best of my knowledge and belief, this completed form contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

_____ _____ _____

Notary Signature **Notary Printed Name** (must match name on commission) **Date**

This form is for submission to the Department of State only.