



**REPORT OF LOSS OR THEFT
 OF STAMPING DEVICE
 OR NOTARY JOURNAL**
 (9/9/2019)

A notary public must promptly report the loss or theft of a stamping device or notary journal to the Department of State. The report must be made within fifteen (15) days of the discovery of the loss or theft. The term "loss" includes stamping devices and journals that are misplaced, destroyed or otherwise made unavailable.

A notary may wish to file a police report for stolen items and/or notify the Recorder of Deeds in counties where the notary's documents are frequently filed.

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.

This form may be completed and printed at dos.pa.gov/OtherServices/Notaries/NotaryServices/Pages/Update-Information-.aspx (link to "Update Information")

For Official Use Only

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

| | | |
|--|----------------------------|---------------|
| Notary commission details as they appear on your current commission: | | |
| Commission ID Number | Commission Expiration Date | Email Address |
| | | |

Identify the item in question and its status (check all that apply):

- | | | | |
|---|---------|-------------------------------|---------------------------------|
| <input type="checkbox"/> I do not possess the STAMPING DEVICE | It was: | <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN |
| <input type="checkbox"/> I do not possess the JOURNAL | It was: | <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN |

| |
|---|
| Date loss or theft was discovered |
| Explain the loss or theft of the stamping device and/or journal (Attach additional pages, if needed. Attach any police report which has been filed for stolen items.) |

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 filing 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

 Date