



**State of Missouri**  
John R. Ashcroft, Secretary of State

Commissions  
PO Box 784, Jefferson City, MO 65102  
Toll-Free (866) 223-6535 or (573) 751-2783

**Application for Amended Commission as a Notary Public**  
**Change of Name or Change of County**

(Application fee \$5)

**Print or Type**

1. Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
(New Name—This name must appear as it is signed in #8)

2. Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. County of Residence or place of regular business (St. Louis City Residents please specify City) \_\_\_\_\_  
(Non-resident – Missouri Employer County) (Provide new county if changing county.)

4. Daytime Phone Number \_\_\_\_\_

5. Commission Number \_\_\_\_\_

**6. CHANGE IN NAME**

I hereby request the Secretary of State to issue an amended notary public commission from the name style

\_\_\_\_\_ to \_\_\_\_\_ effective on  
(Name as it appears on current Commission) (Type new name here)

the \_\_\_\_\_ day of \_\_\_\_\_.

**7. CHANGE OF COUNTY**

I hereby request the Secretary of State to issue an amended notary public commission changing my county of residence from

\_\_\_\_\_ County, Missouri, to \_\_\_\_\_ County

Missouri, where I am presently residing, effective on the \_\_\_\_\_ day of \_\_\_\_\_.

8. Signature and Email Address of Applicant (New Name—This signature must appear as it is typed or written in #1)

**PAYMENT**

\$5 Check or Money Order Enclosed (Payable to Secretary of State's Office) \*Credit Card:  Master Card  Visa  Discover  American Express  
\*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CARD NUMBER (16 Digits) \_\_\_\_\_

CVV—SECURITY CODE FROM BACK OF CARD \_\_\_\_\_

BILLING ADDRESS FOR CARD WITH CORRECT ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Application Instructions**

- Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.  
**Date of Birth** - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.
- Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.
- County of Residence or Place of Regular Business** – Please indicate the county in which you legally reside or place of regular business. You are commissioned for the county in which you live or where your regular place of business is located. You are able to notarize anywhere in the state of Missouri as a Missouri resident. If you reside in St. Louis City, please put St. Louis City in the county blank.
- Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
- Commission Number** - Please provide your commission number if you were commissioned after August 28, 2004.
- Change in Name**  
Indicate both the previous name and the new name style under which you wish to be commissioned as a notary public.
- Change of County**  
Indicate the previous county within and for which you were commissioned as a notary public and the new Missouri county to which you wish to have your commission amended. Note that the effective date is the date when your legal residency and voter registration in the new county, your new name style or your new county of employment became official.
- Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application.

Please include your \$5 application fee.

Please include your previous notary certificate. You will receive a new certificate with your new information.