



Change in Status and Duplicate Commission Request Form

Filing Fee: \$10.00

The following is required to verify your identity:

Date of Birth: ____/____/_____
Last Four Digits of your Social Security #: ____ _

The applicant is requesting the following:

*Please check the appropriate option(s) and complete the information as required. You will only need to complete the sections relevant to your change of information. **Please type or print in black or blue ink.***

1- [] **Notary Public Name Change**

Name Changes: *Once you have received your new notary public commission bearing your new name from the Secretary of State's Office, you may officially begin notarizing documents in your new name as issued on your commission. **Please enroll your new commission in your new name with your county's Clerk of Court.** You will need a new seal that reflects your name change. You will also need to destroy or deface any seals bearing your old name so they cannot be misused. The expiration of your term as a notary public will remain the same as it was prior to your name change.*

If requesting a name change, please provide the following information:

	Changed From: <i>*This is how you are currently commissioned before this form is processed.</i>	Changed To: <i>*This is how you wish to be commissioned after this form has been processed.</i>
Name (Please Print)		

2- [] **Notary Public Address Change**

Address Changes: *Following a change of address or contact information, the expiration date of your term as a notary public will remain the same. You are not required to make any changes to your seal. **If you have moved to a new county, you must enroll your commission with the Clerk of Court in your new county.***

If requesting a change to any of the following, please complete the applicable portions:

[] Change of Home Address

Old Home Address:

New Home Address:

 Street Address, City, Zip Code

 Street Address, City, Zip Code

Old Home County: _____

New Home County: _____

Phone: _____

Email: _____

[] Change of Mailing Address

Old Home Address:

New Home Address:

Street Address, City, Zip Code

Street Address, City, Zip Code

Phone: _____

Email: _____

3- [] Duplicate Copy of Notary Public Commission

Duplicate Copies: *You may request a duplicate copy of your notary commission at any time.*

***Please note:** *If you have changed your name or address, you will receive a new commission and do not need to request a duplicate commission.*

Please complete the following section in the presence of another notary public:

Sworn to and subscribed before me

This _____ day of _____, 20_____

Print Name: _____

Signature of Notary Public of South Carolina

Signature of Applicant

Date

Printed Name of Notary Public

My Commission Expires _____

**In the presence of a notary, please sign your name as printed above.*

***Please sign and print your name here exactly as commissioned. If you are filing a name change, please sign and print your new name. The signature and printed name must match. Your commission will be issued the way your new name is printed here.*

Filing Instructions:

1. Return to: Secretary of State
Attn.: Notary Division
1205 Pendleton Street, Suite 525
Columbia, SC 29201
2. Please make checks payable to the South Carolina Secretary of State.
3. Include the \$10.00 filing fee. The total fee for this form is \$10.00, even if more than one option is selected.
4. S.C. Code of Laws §26-1-130 states a notary must notify the Secretary of State of any changes to the notary's legal name, address, or county within 45 days of the change(s) using a Change in Status form as prescribed by the Secretary.
5. This form must be signed and notarized. You cannot notarize your own signature; you must have your signature notarized by another notary.
6. To contact the Secretary of State's Notary Division, call (803) 734-2512 or email notary@sos.sc.gov.