

Check the block or blocks that apply:

Signature of Applicant: \_\_\_\_\_

## State of North Carolina Department of the Secretary of State Elaine F. Marshall, Secretary of State

Visit our web site at www.sosnc.com

## NORTH CAROLINA NOTARY PUBLIC CHANGE OF NAME/ADDRESS/CONTACT INFORMATION

## PLEASE PRINT IN BLACK INK OR TYPE

<ol> <li>New Full Legal Name: (First, Middle/Maiden, Last – including changes)</li> </ol>			☐ Male ☐ Female	
Current Commission Name:	3. County of Con	County of Commission 4. Date of Birth:		
5. Former Mailing Address:	City:	State:	Zip:	
6. Former Residence Address:	City:	State:	Zip:	
7. Social Security #.	8. E-Mail Addres	8. E-Mail Address:		
New Commission Name:	10. New Resider	10. New Residence County:		
11. New Mailing Address:	City:	State:	Zip:	
12. New Residence Address:	City:	State:	Zip:	
13. Former Business/Employer Name:				
14. Former Business/Employer Address:	City:	State:	Zip:	
15. New Business/Employer Name:				
16. New Business/Employer Address:	City:	State:	Zip:	
17. Former Business Phone # + ext 18. Former	Home Phone #:	19. Former Fax F	hone #:	