



A notary public must notify the Department of State within 30 days of any change in the information on file with the Department, including the notary's office address or home address. Such notice may be made in writing or by email and shall state the effective date of such change.

This form may be submitted online at www.notaries.pa.gov (link to "Update Notary Info").

Where a notary public moves the notary's office address to a different county, the notary must register the notary's official signature in the prothonotary's office of the new county within 30 days.

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 filing this form.

For Official Use Only

Notary commission expiration date	Notary commission ID number	Email address where you can be contacted about this form	
Full name as commissioned	Date of birth (mm/dd/yyyy)	Effective date of address change (mm/mm/yyyy)	

Office Address (place of employment or practice) currently on file with Department			
Employer/Business Name			
Employer/Business Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Employer/Business Telephone (include area code)		County	

New Office Address (NOTE: Office address information is a public record)			
Employer/Business Name			
Employer/Business Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Employer/Business Telephone (include area code)		County	

Home Address currently on file with Department			
Home Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Home Telephone (include area code)		County	

New Home Address			
Home Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Home Telephone (include area code)		County	

APPLICANT 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 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 (must match name on commission)

Notary Printed Name (must match name on commission)

Date