

STATE OF SOUTH CAROLINA OFFICE OF THE SECRETARY OF STATE THE HONORABLE MARK HAMMOND

Change in Status and Duplicate Commission Request Form

Filing Fee: \$10.00

The following is <u>r</u>	required to verify your	identity:	
Date of Birth:	/ /		
Last Four Digits of y	our Social Security #:		
	priate option(s) and complete to		on as required. You will only need to se type or print in black or blue ink.
Name Changes: Onc from the Secretary of as issued on your con county's Clerk of Co to destroy or deface a	State's Office, you may offic nmission. <u>Please enroll your</u> <u>urt.</u> You will need a new seal	ially begin in the comment of the co	blic commission bearing your new name notarizing documents in your new name ission in your new name with your ts your name change. You will also need cannot be misused. The expiration of the your name change.
If requesting a name of	change, please provide the fo	llowing info	ormation:
	Changed From: *This is how you are currently contained before this form is processed.	ommissioned	Changed To: *This is how you wish to be commissioned after the form has been processed.
Name (Please Print)			
Address Changes: F your term as a notary seal. If you have mov in your new county.	e public will remain the same wed to a new county, you mu	. You are no st enroll yo	information, the expiration date of ot required to make any changes to your ur commission with the Clerk of Court of the applicable portions:
Old Home Address:		New Home Address:	
Street Address, City, Zip Code		Street Address, City, Zip Code	
Old Home County:		New Home County:	
		Phone:	
		г ч	

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		
	plicate copy of your notary commission at any time. name or address, you will receive a new commission and do on.		
Please complete the following section i	n 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.		
<u>Filir</u>	ng Instructions:		
1. Return to: Secretary of State Attn.: Notary Division 1205 Pendleton Street, Suite Columbia, SC 29201	: 525		

- 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 <u>notary@sos.sc.gov</u>.