

Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

CHANGE OF PERSONAL INFORMATION FOR NOTARY PUBLIC

Complete the form as it applies to you. If your name has changed, please attach a certified copy of the document providing the change, i.e., marriage certificate, divorce decree, or court order. Please type or print.

Personal Information Currently on File	e:			
Notary Name:		Commission Number:		
Residential Address:				
Physical Address (No Post Office Box):				
City:	State:	Zip:	County:	
Email:		Phor	ne:	
Mailing Address if different from above reside	ential address:			
Address:				
City:	State:	Zip:	County:	
Employer's Address if above residential addre	ess is out of state	:		
Physical Address (No Post Office Box):				
City:	State:	Zip:	County:	
Changes to Personal Information:				
Notary Name:				
Residential Address:				
Physical Address (No Post Office Box):				
City:	State:	Zip:	County:	
Email:		Phor	ne:	
Mailing Address:				
Address:				
City:	State:	Zip:	County:	
Employer's Address:				
Physical Address (No Post Office Box):				
City:	State:	Zip:	County:	
I understand that knowingly signing a false d				is a Class
C misdemeanor and is punishable by a fine u	up to \$100.00 an	a/or imprisonment up t	o 30 days.	
Notary Signature			Date	
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