



State of Missouri
John R. Ashcroft, Secretary of State

Commissions
PO Box 784, Jefferson City, MO 65102
Toll-Free (866) 223-6535 or (573) 751-2783

**Application for Notary Change of Address
In Same County**

(Application fee \$5)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
(This name must appear as it is signed in #7)

2. Previous Address _____
City _____ State _____ Zip Code _____

3. New Address _____
City _____ State _____ Zip Code _____

4. County of Residence (St. Louis City Residents please specify City) _____

5. Daytime Phone Number _____

6. Commission Number _____

7. Signature and Email Address of Applicant (This signature must appear as it is typed or written in #1)

PAYMENT

\$5 Check or Money Order Enclosed (Payable to Director of Revenue)

*Credit Card: Master Card Visa Discover American Express
*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

CVV—SECURITY CODE FROM BACK OF CARD _____
BILLING ADDRESS FOR CARD WITH CORRECT ZIP CODE _____

SIGNATURE _____

**Application for Notary Change of Address
in Same County Instructions**

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.
Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.
2. **Previous Address** Provide your previous address.
New Address Provide your new address.
4. **County of Residence** - Please indicate the county in which you legally reside or regular place of work. You are commissioned for the county in which you live or regular place of work if you are a Missouri resident. You are able to notarize anywhere in the state of Missouri. *If you reside in St. Louis City, please put St. Louis City in the county blank.
5. **Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
6. **Commission Number** - Please provide your commission number.
7. **Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application.