

Mail Completed Form to:
Michigan Department of State
Office of the Great Seal
7064 Crouner Drive
Lansing, MI 48918-1750



Please check ONE.
 Information Change (No Fee)
 Duplicate Commission (\$10 Fee)

MICHIGAN DEPARTMENT OF STATE
OFFICE OF THE GREAT SEAL
Lansing, Michigan 48918-1750
Telephone: 517/373-2531

Michigan Notary Public: Request for Duplicate/Notice of Change

Original Information (Complete All Sections)

1. Driver License or Personal Identification Card Number: _____ State: _____	
2. Full Name: _____ <small>(First) (Middle) (Last)</small>	
3. Commissioned Name: _____ <small>(First) (Middle) (Last)</small>	
4. Date of Birth: Month ___ Day ___ Year _____	
5. Residence Address: _____ <small>Number & Street City State Zip</small>	
6. E-mail Address: (Optional) _____	
7. Business Address: _____ <small>Number & Street City State Zip</small>	
8. County: <input type="checkbox"/> County of residence. <input type="checkbox"/> County of employment (if non-Michigan resident).	9. Commission Expiration Date: Month ___ Day ___ Year _____
10. Telephone Numbers: (____) _____ - _____ (Residence) (____) _____ - _____ (Business)	

New Information (Complete Only Those Sections That Are Changing)

1. Driver License or Personal Identification Card Number: _____ State: _____	
2. Full Name: _____ <small>(First) (Middle) (Last)</small>	
3. Commissioned Name: _____ <small>(First) (Middle) (Last)</small>	
4. Date of Birth: Month ___ Day ___ Year _____	
5. Residence Address: _____ <small>Number & Street City State Zip</small>	
6. E-mail Address: (Optional) _____	
7. Business Address: _____ <small>Number & Street City State Zip</small>	
8. County: <input type="checkbox"/> County of residence. <input type="checkbox"/> County of employment (if non-Michigan resident).	9. Commission Expiration Date: Month ___ Day ___ Year _____
10. Telephone Numbers: (____) _____ - _____ (Residence) (____) _____ - _____ (Business)	

X _____
Please sign your name as it will appear on documents you notarize. (Date)

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of \$10, payable to The State of Michigan, which I understand is a non-refundable processing fee.

For Office Use Only