



**Section 10. Change of Name (57 P.S. § 156)**

Whenever the name of any notary is changed by decree of court, or otherwise, such notary may continue to perform official acts, in the name in which he or she was commissioned, until the expiration of his or her term, but he or she shall, within thirty (30) days after entry of such decree, or after such name change, if not by decree of court, notify the Secretary of the Commonwealth and the recorder of deeds of the county in which he or she maintains an office of such change of name. The Secretary of the Commonwealth shall mark the public records relating to the notary accordingly and the recorder of deeds shall record the notification. Application for reappointment of such notary shall be made in the new name.

**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 with the Department of State. Please check with the applicable Recorder of Deeds office whether this form may be used and for any recording fee.

For Official Use Only

|                                   |  |
|-----------------------------------|--|
| Notary commission expiration date | Date of Birth (mm/dd/yyyy)             |
| Notary commission ID number       | Telephone number (including area code) |

Email address where you can be contacted about this form: \_\_\_\_\_

**PART I: Full name as it appears on your current commission:**

|            |                                  |           |                        |
|------------|----------------------------------|-----------|------------------------|
| First Name | Middle Name or Initial (if used) | Last Name | Suffix (if applicable) |
|------------|----------------------------------|-----------|------------------------|

**PART II: Name has changed to:**

|            |                                  |           |                        |
|------------|----------------------------------|-----------|------------------------|
| First Name | Middle Name or Initial (if used) | Last Name | Suffix (if applicable) |
|------------|----------------------------------|-----------|------------------------|

Original bond and commission recorded in Book \_\_\_\_\_, Page \_\_\_\_\_, **OR** under Instrument Number \_\_\_\_\_ in the office of Recorder of Deeds, \_\_\_\_\_ County, Pennsylvania.

Effective date of name change: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for change of name (circle one): Marriage / Divorce / Court Order / Other  
 Please provide proof of name change (e.g. marriage certificate, court order, divorce decree)

APPLICANT AFFIDAVIT: I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. 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 new name exactly as listed in Part II) \_\_\_\_\_  
 Date

----- FOR RECORDER OF DEEDS USE ONLY -----

State of \_\_\_\_\_  
 County of \_\_\_\_\_

This acknowledgement is not required to be executed for filing this form with the Department of State. However, an acknowledgment may be required prior to recording with the applicable Recorder of Deeds office, if that Recorder of Deeds office accepts this notary public change of name form.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained.  
 In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
 \_\_\_\_\_  
 Title of Officer