

Alaska Notary Commission
Name and Address Change Form

There is a \$5.00 fee for commission certificate copies.

(Please send an updated commission certificate)

1. _____
Print your name exactly as you will sign your notarizations, and as it will appear on your notary seal and commission certificate

2. _____
Print your full legal name (First, Middle, Last)

3. Information about your Alaska notary commission

Old Name (the name you are changing from) _____

Commission Number _____

Commission Expiration Date _____

Old Signature: _____

4. _____
Name of the city where you will perform most of your notarizations

5. Applicant's Personal Contact Information:

Email _____ Please send a commission expiration reminder!

Telephone _____

Cell Phone _____

Fax _____

6. Applicant's Publicly Available Mailing Address:

7. Applicant's Residence Address (No P.O. Boxes):

8. _____
Applicant's Employer/Business Name

9. _____
Employer/Business phone number at the location where you work

10. _____
Employer/Business complete physical address at the location where you work (No P.O. Boxes)

11. To be commissioned as a notary public, a person

- Shall be at least 18 years of age.
- Shall reside legally in the United States.
- May not, within 10 years before the commission takes effect, have been convicted of a felony or incarcerated in a correctional facility for a felony conviction.
- May not, within 10 years before the commission takes effect have had a notary public commission revoked for failure to comply with notary law or for incompetence or malfeasance in carrying out the duties of notary public.
- Shall have established residency in this state by being physically present in the state with the intent to remain indefinitely and by maintaining a place of abode in the state.

12. Oath

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska and that I will faithfully discharge my duties as notary public to the best of my ability. The information provided on this application form is truthful and accurate and I meet all of the requirements to be commissioned an Alaska Notary Public. I acknowledge that I am personally liable for every notarial act that I perform.

Applicant's Notarized Signature

Subscribed and sworn (or affirmed) to before me by _____ this _____ day of

_____, _____.

Notary Public's Signature

My Commission Expires: _____

Alaska Notary Commission

Name Change Form Instructions

1. State law requires consistency between the name on your notary commission certificate, notary seal and how you sign your notarizations. Please print the version of your name that you will actually sign when performing your notarizations on this line. This will be the name that is printed on your commission certificate and notary seal and will be how you must sign all notarizations you perform during the entire term of this commission (e.g. S. Clark)
2. Please enter your full legal name (e.g. Steve M. Clark or Albert James Clark.)
3. Please provide the requested information about your current commission and sign using your "old" name (the name that you are changing from.)
4. Please indicate the name of the city where you actually perform the majority of your notarizations. We use this information to determine the level of notarial service available in each community and to help the public locate notaries in the field.
5. Please provide your personal and direct contact information. This information will only be used to contact you regarding official business. It will not be available to the public.
6. State law requires you to provide a publicly available mailing address. This address will be freely available to anyone that requests it and will be used to send you commission materials and any correspondence from our office. It is available to notary supply vendors, other notary organizations and to the general public. Use any valid mailing address you wish and please remember to update this information with us when it changes.
7. State law also requires you to provide your actual residence address. This information remains confidential and will not be available to the public.
8. Please print your employer's official business name.
9. Please print your employer's business contact phone number.
10. Please provide the complete physical address of the location where you work. Do not use a central corporate address, only the address where you will be working.

11. Please carefully read the qualifications for obtaining a notary commission in Alaska. If you have ever had a notary commission denied, suspended or revoked in any jurisdiction in any country please contact the notary office for further instruction before submitting your application.
12. This oath must be administered to you by a notary public and your signature on the oath must be notarized. Before you take the oath please familiarize yourself with Alaska's notary statutes that were updated on July 1, 2005. The notary statutes can be accessed on the notary web site (<http://ltgov.state.ak.us/notary/>). Please contact the notary office at 465-3509 or by email at notary@gov.state.ak.us for assistance or with any questions.

Return the completed name and address form and the \$5.00 certificate copy fee to:

Notary Office
Office of Lt. Governor
P.O. Box 110015
Juneau, AK 99811-0015

We accept Visa and Mastercard (see attached form). Please make checks payable to:
State of Alaska.

