



**NOTARY NAME CHANGE /
NOTARY SEAL/STAMP CHANGE**
SECRETARY OF STATE
SFN 51261 (08-2011)

For Office Use Only

ID Number:
WO Number:
Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: 701-328-2901 Toll Free: 800-352-0867 Ext 82901 Fax: 701-328-1690 Web Site: www.nd.gov/sos/

INSTRUCTIONS:

- For reference, see North Dakota Century Code, Section 44-06.1-27.
- A notary who has legally changed his or her name must provide the following information and obtain a name change rider from his or her bonding company (or, if the notary has a personal surety bond, this form must be signed by the personal surety/sureties). In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number or Federal ID number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate Notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate the Notary Name Change / Notary Seal/Stamp Change request.
- To effect the name change, (which is the name and spelling you will always use when notarizing documents) the notary must sign the form and submit a \$10 fee. If a notary fails to notify the Secretary of State within 60 days a late fee of \$10.00 will be imposed.
- To **ONLY** replace a notary seal/stamp, the notary must provide the applicable information, sign the form, and return it to the Secretary of State's office. No fee is required.
- As soon as the form is processed, the Secretary of State's office will issue a certificate of authorization, which authorizes a vendor to provide the notary with a new notary seal/stamp.
- Once the certificate of authorization, with an impression of the new seal/stamp, is received in the Secretary of State's office a new certificate will be sent for all name changes and a letter approving your new seal/stamp.

Name of Notary Public (as it appears on Commission)		E-Mail Address (optional)		Social Security Number
New Name (if applicable)	Spouse's Name (optional)	Commission Number		Expiration Date
Home Mailing Address	City	State	Zip Code	Home Telephone Number
Work Mailing Address	City	State	Zip Code	Work Telephone Number
<input type="checkbox"/> Name Change		Date Name Changed _____		
Reason	<input type="checkbox"/> Seal/Stamp Replacement	<input type="checkbox"/> Additional Seal/Stamp		

Notary Signature
as it appears on your Notary Commission

Date