



Instructions for Filing Notary Public Information Update

[Chapter 42-30.1](#) of the General Laws of Rhode Island, 1956, as amended

This legal document should be typed. All illegible documents will be REJECTED.

How to complete the form:

1. List your commission ID number. The ID number can be found by looking up your name in the [Notary Database](#).
2. List the date your current commission expires. The expiration date can be found by looking up your name in the [Notary Database](#).
3. List your name as it appears on your current commission.
4. Select the reason for updating your Notary Commission.
 - a. Select the reason for updating your name (check one box only). List your new full name (full middle name or middle initial is optional) or first initial, full middle and last name on the form. Neither initials alone nor nicknames will be accepted on the application or as part of the signature required on a notarial act.
 - b. Select the reason for updating the change in use of electronic notarization technology. If applying to become an electronic notary, please provide a copy of your official electronic stamp and electronic signature.
 - c. List the updated residential address.
 - d. List the updated business address.
 - e. List the updated telephone number.
 - f. List the updated email address.
 - g. List the updated employment information.
 - h. List and describe other information you are updating.
5. Sign the application using the signature you will affix to documents as a Rhode Island Notary Public. List your name. An applicant may include in their name suffixes such as Junior, Senior, II, III, IV or any abbreviation of these designations. An applicant may not include prefixes or titles such as "Doctor," "Reverend" or "Esquire" or any abbreviations thereof.
6. If a name change is made you **MUST** sign the application before a commissioned Notary Public.

How to pay the filing fee:

There is no fee to record a notary public update form.

How to confirm your filing:

You will be issued a Notary Commission in your new name. Expect to receive your new Commission in the mail in approximately one week. Your commission expiration date will remain the same. A renewal notice will be mailed to you at the address listed, so please contact this office if you change your address.

How to maintain your commission:

Visit our website at <http://sos.ri.gov/divisions/notary-public/become-a-notary/renewals-update> for information on keeping your commission active and up to date.



Notary Public Information Update

By remitting this form in accordance with the provisions of RIGL [42-30.1](#), the undersigned Rhode Island Notary Public is attesting that the information contained in this form is true and accurate and that he/she continues to meet the requirements of the Rhode Island Office of Notary Public.

| NOTARY INFORMATION | | | |
|--|------------------|---|----------|
| 1. Commission ID Number | | 2. Date Commission Expires | |
| 3. Name of Notary Public (First, Middle, Last - as it appears on current commission) | | | |
| 4. Indicate the item(s) to be changed: <i>Complete the applicable section below.</i> | | | |
| Name | Business Address | Employment Information | Other |
| Use of Electronic Notarization Solution | Telephone Number | Resign Commission | |
| Residential Address | E-mail Address | Opt-out of "City Search" list for business.sos.ri.gov/notarypublicsearch/ | |
| a) New Name <i>This update MUST be notarized if you are updating your name.</i> | | | |
| Name Change Due to (check one box): Marriage Divorce Petition to Change Name Other | | | |
| New Name of Notary Public (First, Middle, Last) | | | |
| b) Change in Use of Electronic Notarization Solution | | | |
| I will be performing notarial acts with respect to electronic records. The tamper evident technology I will be using is: | | | |
| I will no longer be performing notarial acts with respect to electronic records. | | | |
| c) New Residential Address | | | |
| Residential Address | City/Town | State | Zip Code |
| d) New Business Address | | | |
| Business Address | City/Town | State | Zip Code |

MAIL TO:
 Division of Business Services
 Notary Public Section
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email notaries@sos.ri.gov

| | | | |
|---|-----------|--|----------|
| e) New Telephone Number (select one: home work cell) | | f) New Email Address | |
| | | | |
| g) New Employment Information | | | |
| Name of Employer/Business | | Employer/Business Telephone Number (include area code) | |
| Employer/Business Address | City/Town | State | Zip Code |
| h) Other | | | |
| | | | |
| 5. Applicant: <i>I declare and affirm that I have examined this Notary Public Information Update and all statements contained herein are true and correct.</i> | | | |
| Type or Print Name of Notary | | | Date |
| Signature of Notary | | | |
| 6. Notary: <i>To be completed ONLY if if this Notary Public has changed their name.</i> | | | |
| State | | County | |
| Subscribed and sworn to before me this day of , 20 . | | | |
| Signature of Notary Public | | | |
| Commission ID | | Commission Expiration Date | |
| | | | |

