



**PAUL D. PATE**  
Secretary of State  
State of Iowa

# Notary Public Change/Amendment to Application

**PRINT THE FOLLOWING INFORMATION AS IT APPEARS IN OUR SYSTEM:**

Name (as it appears on your certificate) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date Commission Expires: \_\_\_\_\_ Commission No: \_\_\_\_\_

**1. CHANGE OF NAME (if applicable)** I hereby request the Secretary of State amend my notary commission by changing my name on to:

New Name (Print) \_\_\_\_\_ Date effective \_\_\_\_\_

I understand and agree that by notifying the Secretary of State of my name change I will use my new name when notarizing documents beginning on the effective date shown above through the end of my term.

**2. APPLICANT'S HOME CONTACT INFORMATION (must complete)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email Address \_\_\_\_\_

**3. APPLICANT'S EMPLOYER CONTACT INFORMATION (must complete)**

Employer name \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Work Phone Number \_\_\_\_\_ Applicant's Work Email Address \_\_\_\_\_

**4. Preferred Contact Method:** Designate preferred contact method. If no designation is made, home contact information will be used.

☐ Home Contact Information ☐ Employer Contact Information

If applicant has provided employer contact information different from the home contact information, applicant may opt to shield the home contact information from display on the Secretary of State's website. Does applicant wish to exercise this option: ☐ Yes ☐ No

**5. Qualifications:** Does applicant meet all qualifications stated in Iowa Code [9B.21 \(2\)](#): ☐ Yes ☐ No

Applicant is a resident of: ☐ Iowa or ☐ resident of \_\_\_\_\_, a state bordering Iowa.

**6. Electronic records:** Will applicant be performing notarial acts with respect to electronic records: ☐ Yes ☐ No

If "Yes", identify the tamper proof technology the applicant intends to use: \_\_\_\_\_

**7. Remote Notarizations - Effective July 1, 2020:** Does applicant intend to begin performing notarial acts for remotely located persons pursuant to Iowa Code section 9B.14A: ☐ Yes ☐ No

If "Yes", applicant must also submit an Application for Approval to Perform Notarial Acts for Remotely Located Individuals.

**8. Bilingual Notary Registry:** Does applicant wish to have name placed on a list of bilingual notaries: ☐ Yes ☐ No

If "Yes", list the language(s) in which applicant is fluent: \_\_\_\_\_

**9. Affirmation and Signature:**

By submitting this filing I hereby affirm that I will support the Constitution of the United States and the Constitution and laws of the state of Iowa, that I will faithfully and impartially discharge the duties of notary public according to the best of my ability, and that I have read and understand the requirements of Iowa Code chapter [9B](#) and administrative rules in 721 chapter 43.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deliver completed form to:  
**SECRETARY OF STATE**  
Notary Public Division  
Lucas Building, 1<sup>st</sup> Floor  
Des Moines, IA 50319

Phone: (515) 281-5204  
Fax: (515) 242-5953  
Website: [sos.iowa.gov](http://sos.iowa.gov)

