**Office of the Secretary of the State**
State of Connecticut
P.O. Box 150470, Hartford, CT 06115-0470
**Notary Public Unit**

# Notary Public Change of Name Form

**Filing Fee $15.00**

Email the completed form to **bsd@ct.gov.** You will receive an invoice to your email to pay the nonrefundable statutory fee of $15.00. The name change process is not complete until you pay.

**Date:** **Phone:**

**Email:**
(Your new certificate will be emailed to this email address)

**Notary Account Number:** **Date Commission Expires:**

**Previous Name of Notary Public:**
(Name that appears on your current notary public certificate)

**New Name of Notary Public:**
(This is the name that will appear on your new certificate)

**Reason for Change of Name (check one):** **Current Residential Address:**

Marriage ◯
Divorce ◯
Petition to Change Name ◯
Other (explain) ◯

**Applicant's Signature:** _____

**To verify the name change, please provide proof of the change (e.g., marriage certificate) or have the document notarized below.**

Subscribed and sworn to before me this _____ day of _____, 20_____
day month year

_____ Date Commission Expires: _____/_____/_____
Signature of Notary Public

_____
Printed Name of Notary Public