

Mail or Fax completed form to:  
**Office of the Great Seal**  
**7064 Crowner Drive**  
**Lansing, MI 48918**  
**Email: [MDOS-Notary@Michigan.gov](mailto:MDOS-Notary@Michigan.gov)**  
**Fax: 517-241-1820**



**MICHIGAN DEPARTMENT OF STATE  
OFFICE OF THE GREAT SEAL**

**Please check one:**

Information change – No Fee

Wallet Size Blue Certificate - \$10 fee

Wall Certificate - \$10 fee

**NOTARY REQUEST FOR DUPLICATE/NOTICE OF CHANGE**

PLEASE PRINT OR TYPE INFORMATION REQUESTED

ORIGINAL INFORMATION (COMPLETE ALL SECTIONS)			
DRIVER'S LICENSE OR STATE ID #		ISSUING STATE	
NAME AS CURRENTLY COMMISSIONED			
MY CURRENT COMMISSION EXPIRATION DATE (MONTH/DAY/YEAR)			
EMAIL ADDRESS			
NEW INFORMATION (COMPLETE ONLY THOSE SECTIONS THAT ARE CHANGING)			
DRIVER'S LICENSE OR STATE ID #		ISSUING STATE	
FULL NAME (FIRST/MIDDLE/LAST) (MUST MATCH YOUR STATE DRIVER'S LICENSE OR ID CARD)			
NEW COMMISSION NAME (NAME AS IT WILL APPEAR ON DOCUMENTS YOU NOTARIZE)			
RESIDENCE ADDRESS	CITY	STATE	ZIP
(Must match your Driver's License/ID card. Include PO Box, lot, and apt. numbers.) *Please note: A resident address change that results in a county change does not change your county of commission.			
BUSINESS ADDRESS	CITY	STATE	ZIP
RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER		
I understand that all information contained on this application is subject to disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231, et seq. <b>If I am a licensed attorney, I certify that I am in good standing with the State Bar of Michigan.</b>			
COMMISSION NAME			
SIGNATURE		DATE	