Mail completed form to:

Office of the Great Seal
7064 Crowner Drive
Lansing, MI 48918



MICHIGAN DEPARTMENT OF STATE OFFICE OF THE GREAT SEAL

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	Сіту	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	Сіту	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. If I am a licensed attorney, I certify that I am in good standing with the State Bar of Michigan .		
COMMISSION NAME		
SIGNATURE		DATE