

**STATE OF NEW JERSEY
OFFICE OF THE SECRETARY OF STATE
NOTARY PUBLIC NAME AND/OR ADDRESS CHANGE**

Duly commissioned Notaries may use this form to file name and/or address Change information as required by State law. Please type, print, or machine-print all information except the signature. Mail completed forms, along with check in the amount of \$25.00 (for name changes only). Made payable to the secretary of state, to the Notary Public Section, CN 452, Trenton, NJ 08625. This form must also be filed in the office of the county clerk in which the Notary has filed his/her certificates of commission and qualification.

IDENTIFICATION

Notary ID #	Commission Date	Expiration Date
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FULL NAME

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PREVIOUS NAME (IF APPLICABLE)

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CURRENT ADDRESS (INCLUDE COUNTY)

Street	City	Zip	County
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PREVIOUS ADDRESS (IF APPLICABLE)

Street	City	Zip	County
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CERTIFICATION

I HEREBY CERTIFY THAT THE FACTS LISTED ABOVE ARE TRUE AND CORRECT, AND THAT THE FOLLOWING SIGNATURE IS TRUE AND CORRECT.

(SIGNATURE OF NOTARY)

(DATE)