

# MISSOURI NAME CHANGE FORM

Complete the attached form to change or update your name on your current Notary Public Commission.  
Please return this form along with your current certificate and payment.



**HUCKLEBERRY NOTARY BONDING INC**  
HOME OFFICE  
P.O. BOX 940489 • MAITLAND, FL 32794-0489  
PH. 800.422.1555 • FAX 800.224.6368 •  
EMAIL: [info@notaries.com](mailto:info@notaries.com)  
WEBSITE: <http://www.notaries.com>

## NAME CHANGE PACKAGE INCLUDES:

- Secretary of State Filing Fee \$5
- Name Change Rider \$25
- Self-Inking Notary Seal \$35

Only \$65

Every Missouri notary **must** use a record-keeping journal to keep an organized record of all notarizations.

The Journal is **required** in the State of Missouri.

Select "B" below to add a journal.



**B**

NOTARY EDUCATION IS REQUIRED FOR NOTARIES IN THE STATE OF MISSOURI. TAKE THE COURSE ONLINE AT [WWW.NOTARIES.COM](http://WWW.NOTARIES.COM)

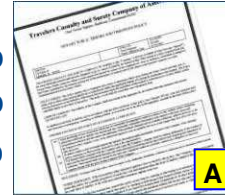
## ADDITIONAL NOTARY TOOLS

- A.  Errors & Omissions Insurance (Recommended) \$100,000 Coverage — \$171.70
- A.  Errors & Omissions Insurance \$50,000 Coverage — \$111.10
- A.  Errors & Omissions Insurance \$25,000 Coverage — \$70.70

E & O insurance is not required but it protects you the notary. The notary bond only protects the public, not you.  
**We highly recommend E&O Insurance for your protection.**  
Without E&O insurance, you are personally liable for any claims made against you while performing your duties as the notary.

Notary Bond and E & O insurance is underwritten by Travelers Casualty and Surety Company of America

- B.  Record Keeping Journal is required in Missouri — \$15
- C.  Portable Handheld Embosser Seal (Travels with you!) — \$35
- D.  Elegant Desktop Embosser Seal
  - Gold Finish — \$60
  - Chrome Finish — \$60
  - Ebony Black Finish — \$60
- E.  Additional Self-Inking Notary Seal — \$35
- F.  Round Self-Inking Notary Seal — \$46
- G.  Notary Wall Sign — \$6
- H.  Inkless, Pocket-Sized Finger Printer — \$15
- I.  Notary I.D. Wallet Card — \$6
- J.  Four Year Membership in the Professional Association of Notaries Public — \$79
- K.  Notary education is required in the State of Missouri — \$59



**A**



**C**



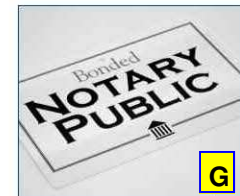
**D**



**E**



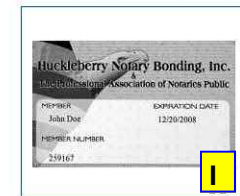
**F**



**G**



**H**



**I**



**J**

SUBTOTAL FOR ADDITIONAL NOTARY TOOLS	
BASIC NOTARY PACKAGE	+\$65
SHIPPING & HANDLING	+\$10

ADD ALL ITEMS AND TOTAL IN THE BOX TO THE RIGHT  

Prices subject to change without notice. See [www.notaries.com](http://www.notaries.com) terms and conditions for details.

CHECK/MONEY ORDER  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

CARD NUMBER  EXPIRATION DATE

NAME ON CARD \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_



**State of Missouri**  
 Robin Carnahan, Secretary of State

Commissions  
 PO Box 784, Jefferson City, MO 65102  
 Toll-Free (866) 223-6535 or (573) 751-2783

**Application for Amended Commission as a Notary Public**  
**Change of Name or Change of County**

(Application fee \$5)

**Print or Type**

1. Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 (New Name—This name must appear as it is signed in #9)

2. Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. County of Residence (St. Louis City Residents please specify City) \_\_\_\_\_  
 (Non-resident – Missouri Employer County)

4. Daytime Phone Number \_\_\_\_\_

5. Commission Dates Beginning \_\_\_\_\_ Ending \_\_\_\_\_

6. Commission Number \_\_\_\_\_ (for those receiving commissions after August 28, 2004)

**7. CHANGE IN NAME**

I hereby request the Secretary of State to issue an amended notary public commission from the name style  
 \_\_\_\_\_ to \_\_\_\_\_ effective on  
 (Name as it appears on current Commission) (Type new name here)  
 the \_\_\_\_\_ day of \_\_\_\_\_.

**8. CHANGE OF COUNTY**

I hereby request the Secretary of State to issue an amended notary public commission changing my county of residence from  
 \_\_\_\_\_ County, Missouri, to \_\_\_\_\_ County  
 Missouri, where I am presently residing, effective on the \_\_\_\_\_ day of \_\_\_\_\_.

**9. Signature of Applicant (New Name—This signature must appear as it is typed or written in #1)**

**PAYMENT**

\$5 Check or Money Order Enclosed (Payable to Director of Revenue) Credit Card:  Master Card  Visa  Discover  American Express

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CARD NUMBER (16 Digits) \_\_\_\_\_

SIGNATURE \_\_\_\_\_