



Section 7. Vacation of office; change of residence (57 P.S. § 153)

(a) ...A notary public vacates his office by removing the notary's residence and business address from the Commonwealth, and such removal shall constitute a resignation from the office of notary public as of the date of removal.

(b) If a notary public neither resides nor works in the Commonwealth, that notary public shall be deemed to have resigned from the office of notary public as of the date the residency ceases or employment within the Commonwealth terminates. A notary public who resigns that notary's commission in accordance with this subsection shall notify the Secretary of the Commonwealth in writing of the effective date of the resignation.

PRINT OR TYPE CLEARLY. FILL OUT FORM COMPLETELY. Do not leave any blanks. Use "none" or "N/A" if applicable. There is no fee for this filing.

For Official Use Only

Email address where you can be contacted about this form: _____

Notary commission expiration date	Date of Birth (mm/dd/yyyy)
Notary commission ID number	Telephone number (including area code)

PART I: Full name as it appears on your current commission:			
First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)

Reason for resignation:

I no longer live or work in the Commonwealth of Pennsylvania. _____
 (check, if yes)

Other (please specify): _____

NOTE: Upon resignation, pursuant to 57 P.S. § 161, notaries public must deliver their register to the office of the recorder of deeds of the county in which they maintain their business address within 30 days. Pursuant to 57 P.S. § 168.1, the notary public must deliver the rubber stamp seal to the Department of State, Bureau of Commissions, Elections and Legislation within 10 days after the date of resignation.

APPLICANT AFFIDAVIT: I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. To the best of my knowledge and belief, this filing contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

Notary Signature (must match commission information)

Date