NAME CHANGE FORM

Department of the Attorney General
Commerce and Economic
Development Division
Notary Public Office
425 Queen Street
Honolulu HI 96813

Dear Notary Office:

My name has changed from (old): _____
(Please print or type)

to (new): _____
(Please print or type)

I have printed or typed my **new** name as I want it to appear on my notary public commission certificate, seal, specimen cards, and surety bond. Attached is a certified copy of the legal documentation noting my name change.

I understand that I may continue to notarize under my old name until my commission under my new name is processed by the Department of the Attorney General, Notary Office. I agree that I must relinquish my old seal to the Notary Office upon receipt of my commission under my new name.

_____
Official Signature of Notary Public Date

I reside on the island of: _____
My commission number: _____
My commission expires: _____

Attachment