



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136

APPLICATION FOR RESIGNATION OR DEATH

This application must be typed or printed in ink. This form is designed to be completed and printed from your computer. You will not be able to save the form on your computer unless you have the appropriate software. Return completed Notice to the Secretary of State's Office. There is no fee for this filing.

The undersigned Notary or representative, hereby, notifies the Secretary of State of the Notary's Resignation or

_____, (Type or print name exactly as it appears on your Commission), _____, (Commission expiration date), _____, (Notary ID Number)

Date of Resignation: _____ or;

Date of Death: _____

This the : _____ day of _____, 20____.

Signature of Notary

Printed name and title if signed in a representative capacity

Contact Information if in a representative capacity: Telephone Number: _____

Mailing Address: _____ City: _____, State: _____ Zip: _____

Street Address: _____ City: _____, State: _____ Zip: _____