



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

APPLICATION FOR REPLACEMENT COMMISSION

**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 Application, together with the \$20.00 fee to the Secretary of State's Office.**

The undersigned Notary, hereby, notifies the Secretary of State of the need for a replacement Commission:

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

Name variance for replacement stamping device: \_\_\_\_\_

Copies of appropriate documentation should be attached. This includes evidence of the name change (such as marriage certificate, court order, or divorce decree). A notice of a change in legal name must be accompanied by a bond rider from the bonding company amending the notary bond as well. If you are also changing your address you may include any changes below:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, Mississippi Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Optional Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, Mississippi Zip: \_\_\_\_\_

**Please include a business/employer address and telephone number as you would like it to appear in the Notary Directory. If you do not include this information, you will be listed in the Notary Directory at your mailing or residential address.**

Business Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

A replacement Commission is needed as a result of the following:

Commission Certificate has been lost or destroyed;

Seal has been lost or stolen; or

Other

If Commission Certificate or Seal has been stolen, please attach a copy of the Police Report. Please also include a description of how the Commission Certificate or Seal became lost/destroyed, including the date the loss/destruction was discovered.

The replacement certificate will be emailed to the address of record.

This the: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary