



Instructions for Filing Notary Public Information Update

[Chapter 42-30.1](#) of the General Laws of Rhode Island, 1956, as amended

How to complete the form:

1. List your commission ID number. The ID number can be found by looking up your name in the [Notary Public Lookup](#).
2. List your name as it appears on your current commission.
3. List any new contact information that is changing from the information currently on file.
4. List any new employment information that is changing from the information currently on file.
5. Select the reason for updating your use of electronic/remote notarization technology. If applying to become an electronic or remote notary, please provide a copy of your official electronic stamp and electronic signature.
6. Select the reason for updating your name (check one box only). Per the 2019 Notary Public Standards of Conduct two full names are required. List your new full first and last name (full middle name or middle initial is optional) or first initial, full middle and last name on the form. Neither initials alone nor nicknames will be accepted on the application or as part of the signature required on a notarial act.
7. List and describe other information you are updating.
8. Sign the application using the signature you will affix to documents as a Rhode Island Notary Public. List your name. An applicant may include in their name suffixes such as Junior, Senior, II, III, IV or any abbreviation of these designations. An applicant may not include prefixes or titles such as "Doctor," "Reverend" or "Esquire" or any abbreviations thereof.

If a name change is made you **MUST** sign the application before a commissioned RI Notary Public.

How to pay the filing fee:

There is no fee to record a notary public update form.

How to confirm your filing:

If you updated your name, you will be issued a Notary Commission. Expect to receive your new Commission in the mail in approximately one week. Your commission expiration date will remain the same. A renewal notice will be mailed to you at the address listed, so please contact this office if you change your address.

How to maintain your commission:

Visit [our website](#) for information on keeping your commission active and up to date.



State of Rhode Island
Department of State - Business Services Division

Notary Public Information Update

By remitting this form in accordance with the provisions of [RIGL 42-30.1](#), the undersigned Rhode Island Notary Public is attesting that the information contained in this form is true and accurate and that he/she continues to meet the requirements of the Rhode Island Office of Notary Public.

NOTARY INFORMATION

1. Commission ID Number:		
2. Name of Notary Public <i>(as it appears on your current commission):</i>		
3. Contact Information: <i>Complete the applicable section below to indicate the item(s) to be changed.</i>		
New Telephone Number:		
New Residential Address:		
City/Town:	State:	Zip:
New Email Address:		
I <input type="checkbox"/> would <input type="checkbox"/> would not like my name and email address to appear in the notary public lookup. The general public will use this feature to locate notary services.		
4. Employment Information:		
New Name of Employer/Business:		
Business Address:		City/Town:
State:	Zip Code:	Telephone Number:

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MAIL TO:
Division of Business Services
Notary Public Section

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

5. Electronic/Remote Notarization:		
I will be performing notarial acts electronically and my solution provider is:		
I will be performing remote notarization acts and my solution provider is:		
I will no longer be performing notarial acts (<i>check one box</i>):	Electronically:	Remotely:
6. Change of Legal Name (this form must be notarized if you are changing your name):		
New Name Change Due to (<i>check one box</i>):		
Marriage	Divorce	Other
New Name of Notary Public (<i>First, Middle, Last</i>):		
7. Other:		
8. CERTIFICATION:		
<i>I declare and affirm that I have examined this Notary Public Information Update Form and all statements contained herein are true and correct.</i>		
Type or Print Name of Notary:		Date:
Signature of Notary:		
Notary: <i>To be completed by a duly commissioned RI notary public.</i>		
This section is to be completed only if the applicant has changed their name.		
State:	County:	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____, by _____ (name of applicant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.		
Type or Print Commission ID number:		
Type or Print Commission Expiration Date:		
Signature of Notary Public:		

