



## 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

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



**MAIL TO:**  
 Division of Business Services  
 Notary Public Section

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

<b>5. Electronic/Remote Notarization:</b>		
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:	Electronically:	Remotely:
<b>6. Change of Legal Name (this form must be notarized if you are changing your name):</b>		
New Name Change Due to ( <i>check one box</i> ):		
Marriage	Divorce	Other
New Name of Notary Public ( <i>First, Middle (optional), Last</i> ):		
<b>7. CERTIFICATION:</b>		
<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 New Name of Notary Public:		Date:
Signature:		
Notary: <i>To be completed by a duly commissioned RI notary public.</i>		
<b>This section is to be completed only if the applicant has changed their name.</b>		
State:	County:	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____, by _____ (signer's name), 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:		