APPLICATION FOR REVISED OR DUPLICATE NOTARY COMMISSION

To be used in the case of name change, change of county or when original commission is misplaced.

State Form 28801 (R3 / 6-96) Approved by State Board of Accounts, 1989

Please Print or Type

INSTRUCTIONS: *Complete this form when appropriate and send with $5.00 payable to Secretary of State in the form of a check or money order* ***(do not send currency in the mail).*** *Mail to Secretary of State, Notary Department, Room 201, State House, Indianapolis, Indiana 46204.*

Original commission number	Date of expiration *(month and day)* ,	
Name in which present commission was issued		
Name in which revised commission is to be issued		
County of residence of present commission		
County of residence to be on revised commission		
New residence address *(street)*	City	ZIP code
New home telephone number		
Signature *(sign name as it will appear on revised or duplicate commission)*	New business telephone number	

STATE OF INDIANA

COUNTY OF _____ } SS:
County in which acknowledgement is being executed

Before me the undersigned, an officer authorized to take acknowledgements *(Notary Public, Clerk of the Circuit Court, etc.)* personally appeared _____ and acknowledged the execution of this instrument
Name of person

this _____ day of _____, 19 _____.

IN TESTIMONY WHEREOF, I _____, have hereunto set my hand and official seal,
Printed or typed name of officer

this _____ day of _____, 19 _____.

_____, a _____ for
Signature of Notary Public or other authorized officer Type of office

the County of _____.
Officer's county of residence

My commission expires _____, 19 _____.