

# Centre County Recorder of Deeds Notary Change of Address/Name Form

Filing Fee payable to Recorder of Deeds is \$18.50 Please send SASE for return:

Send form to ROD's  
414 Holmes Ave Ste 1  
Bellefonte PA 16823

Notary's full name as commissioned: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

New Name: (print if changing name) \_\_\_\_\_ Reason for

Change: \_\_\_\_\_

## Home Address of Record:

(The home address you provided to the Notary Division in your most recent application or notification of address change.)

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

## New Home Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

## Employer Name and Address of Record:

(The Employer address you provided to the Notary Division in your most recent application or notification of address change.)

Old Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

New Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

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

**This form must be acknowledged  
by a notary other than yourself.**

Press Your Rubber Stamp Here

Commonwealth of Pennsylvania }  
County of \_\_\_\_\_ } §

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public \_\_\_\_\_