



Commonwealth of Virginia
 Secretary of the Commonwealth
 Notary Division, PO Box 1795,
 Richmond, VA 23218-1795

**Virginia Notary Public
 Registration Number/Expiration Date
 Request Form**

Please print legibly

Upon completion mail or fax to:

**Secretary of the Commonwealth- Notary Division, P.O. Box 1795, Richmond, Virginia 23218-1795
 Fax - (804)371-0017 Attn: Notary Clerk**

1. Commissioned Name: _____

2. Date of Birth: ____/____/____

3. Request for: (check all that apply)

Notary Registration Number Notary Expiration Date

4. Current Home Address:

City:

State:

Zip Code:

5. Current Employer (If employed): _____

6. Current Business Address:

City:

State:

Zip Code:

7. Current Business Phone #:
 () _____ - _____ ext _____

8. Current Home Phone #:
 () _____ - _____

9. Current Cell Phone #:
 () _____ - _____

10. Current Email Address:

11. Return information to:

Business Phone Number* Home Phone Number* Email

Permission to Leave on Voicemail

(Only two attempts will be made)

Signature of Notary: _____ **Date** _____

(Sign with Commissioned Name - Signature does not have to be notarized)