

West Virginia Secretary of State
1900 Kanawha Blvd E
Bldg. 1, Suite 157-K
Charleston, WV 25305



Penney Barker, Manager
Business & Licensing Division
Tel: (304)558-8000
Tax: (304)558-8381
Website: www.wvsos.com
E-mail: notary@wvsos.com

FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)

NOTARY PUBLIC RESIGNATION

Office Hours: Monday – Friday
8:30 a.m. – 5:00 p.m. ET

NO FEE

Notary ID#: _____

**** The undersigned agrees to file for Resignation as a Notary Public in accordance with the Notary Laws ****
as set forth in West Virginia Code [§39-4-18\(a\)](#).

IMPORTANT - READ AND FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION TO AVOID IT BEING REJECTED AND RETURNED TO YOU FOR CORRECTION.

1. **Name of notary public** filing resignation: _____

2. **Address Information:** || Street: _____
(Enter the current address || City: _____ State: _____ Zip: _____
on your notary seal.)

3. **Effective date of resignation** as a West Virginia Notary Public: _____
(Enter the actual date of resignation from your duties as a West Virginia (MM/DD/YYYY)
Notary Public; the date may be EARLIER THAN filing, the CURRENT
DATE of filing, OR a FUTURE DATE of filing with the West Virginia
Secretary of State.)

4. **Contact Name and Signature Information:**
 - a. Contact Name (print): _____
 - b. Contact Phone (w/ area code): _____
 - c. **Signature:** _____ **Date:** _____
(MM/DD/YYYY)

Important Note: This form is a public document. Please **do NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

**INSTRUCTIONS FOR FILING
NOTARY PUBLIC RESIGNATION**

Complete all the sections of the application in accordance with West Virginia Code [§39-4-18\(a\)](#) and return to the address below for filing with the West Virginia Secretary of State.

- Section 1. Name of notary public filing resignation:** Print or type the full name of the notary public filing the resignation from his/her notary public commission duties.
- Section 2. Address Information:** Enter the most recent address information (**Street, City, State and Zip Code**) for the notary public as recorded with the West Virginia Secretary of State.
- Section 3. Effective date of resignation as a West Virginia Notary Public:** Enter the actual date the notary public resigned, or will resign, from his/her duties as a West Virginia notary public. The date may be EARLIER THAN filing, the CURRENT DATE of filing, OR a FUTURE DATE of filing with the West Virginia Secretary of State. **The date entered will be recorded as the actual date of resignation with the West Virginia Secretary of State's Office.**
- Section 4. Contact Name and Signature Information:**
- a. **Contact Name** – **PRINT** the contact name of the notary public filing the requested change(s).
 - b. **Contact Phone** – Enter the phone number including the area code of the notary public filing the resignation.
 - c. **Signature/Date** – The notary public filing the resignation must SIGN and DATE the application. **If the application is NOT signed/dated, the application will be rejected and returned to the notary public for correction.**

FILING THE COMPLETED APPLICATION:

- ❖ **Return the application to the address below (NO FEE required to file):**

West Virginia Secretary of State
Notary Division
1900 Kanawha Blvd., East
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Charleston, WV 25305