

STATE OF LOUISIANA
SECRETARY OF STATE

R. Kyle Ardoin
Secretary of State

Notary Division
(225) 922-0507

Fax Numbers
(225) 932-5359 Notary



**TRANSMITTAL INFORMATION
For All Notary Filings**

Please indicate payment and contact information below

Check or Money Order Enclosed

Use credit card on file*
Last 4 digits of card on file _____

* Do not include credit card information on this form. To store credit card information on file, navigate to sos.la.gov/notarysignin, create an account, if necessary, and sign in. Click Update Master Account, and then click Manage Saved Payments. Please provide your email address and last 4 digits of the stored credit card on this form so we can retrieve your payment information.

Name of Person Filing Document

Address

City

State

Zip Code

Daytime Phone Number

Fax Number

Email Address

Mailing Address: P. O. Box 94125, Baton Rouge, LA 70804-9125
Physical Address: 8585 Archives Ave., Baton Rouge, LA 70809
www.sos.la.gov

NAME CHANGE FORM

(Current Name of Notary)

does state that he/she was commissioned as

_____, that his/her name has
(name notary is currently commissioned as)

changed to _____, for the

following reason(s): _____.

Signature

OATH OF OFFICE

STATE OF LOUISIANA

PARISH OF _____

I, _____ do solemnly swear (or affirm) that I will support the
(Print or Type Name)
constitution and laws of the United States and the constitution and laws of this state and that I will faithfully and
impartially discharge and perform all the duties incumbent on me as Notary Public/ExOfficio Notary/Deputy Clerk.
(circle one)

for the _____
(Parish Name if Notary Public / Agency Name if Ex-Officio or Deputy Clerk)

according to the best of my ability and understanding, so help me God.

(Circle One) Mr.
Ms.
Mrs.
Miss

(Signature)

(Officials authorized to administer
oaths: Governor, Secretary of State,
Clerks of Court, Notaries Public,
Judges, Justices of the Peace)

Sworn to and subscribed before me this ____ day of _____, ____ .

(Signature)

(Printed name of Official Administering Oath – I.D. number if applicable)

ATTENTION: An address and telephone number must be provided for public record.

Residence Mailing Address:

Office Mailing Address:

Telephone: _____

Telephone: _____

1. File an Oath of Office with: Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.

2. File a duplicate Oath of Office with the parish Clerk of Court within one month after the oath is administered. (In Orleans Parish file with the Clerk of Civil District Court.) (See R.S. 42:162)

LOUISIANA SECRETARY OF STATE
Official Notarial Signature Form

Signature

Date

Name typed or printed

Use this form or anything similar to provide the requested information.