



# Secretary of State Notary Resignation Form

For SOS Use Only

Process Date & Initials \_\_\_\_\_

## 1. Current Commission Information

a. Current Commission Number		b. Current Commission Expiration Date (MM/DD/YYYY)		
c. Commission Name (Provide your commission name exactly as it appears on your Oath of Office.)				
d. Mailing Address Upon Resignation		City (No abbreviations)		State
				Zip Code
e. Email Address			f. Phone Number	

## 2. Commission Resignation Information

a. Effective Date of Resignation (MM/DD/YYYY)		b. How Were Your Notary Journal(s) Returned to the County Clerk's Office?  <input type="checkbox"/> In Person <input type="checkbox"/> By Mail		
c. Which County Clerk's Office Did You Return Your Journal(s)?		d. Date Notary Journal(s) Returned to County Clerk's Office (MM/DD/YYYY)		
e. Provide the Date Range of Your Returned Journal(s) (MM/DD/YYYY– MM/DD/YYYY)				

## 3. Signature Your signature on this form must match the current Oath of Office on record.

I hereby resign my commission as a notary public for the State of California.

Pursuant to Government Code sections 8207 and 8209, I understand that upon my resignation, I have 30 days to destroy my seal and deliver my notary journal(s) to the clerk of the county where I filed my oath.

I certify under penalty of perjury under the laws of the State of California that the foregoing and attachments are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_