

**NOTARY PUBLIC RESIGNATION**

Form N-5  
Rev. 8/2018



West Virginia Secretary of State

Licensing Division

Tel: (304)558-8000

Fax: (304)558-8381

Website: [www.wvsos.gov](http://www.wvsos.gov)

Email: [notary@wvsos.gov](mailto:notary@wvsos.gov)

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

**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:**

(Enter the current address on your notary seal.)	Street: _____ City: _____ State: _____ Zip: _____
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3. **Effective date of resignation** as a West Virginia Notary Public: \_\_\_\_\_  
 (Enter the actual date of resignation from your 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.) (MM/DD/YYYY)
  
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**

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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.**

**SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:**

**Charleston Office**

**West Virginia Secretary of State**

State Capitol Building  
1900 Kanawha Blvd. East  
Bldg. 1, Ste. 157-K  
Charleston, WV 25305  
Phone: (304) 558-8000  
Fax: (304) 558-8381  
Hours: Mon. - Fri. 8:30a - 5:00p EST

**Clarksburg Office**

**North Central WV Business Center**

200 West Main Street  
Clarksburg, WV 26301  
Phone: (304) 367-2775  
Fax: (304) 627-2243  
Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office**

**Eastern Panhandle Business Center**

229 E. Martin Street  
Martinsburg, WV 25401  
Phone: (304) 356-2654  
Fax: (304) 260-4360  
Hours: Mon. - Fri. 9:00a - 5:00p EST