

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

Email: 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 [§39-4-21\(a\)](#).

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.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

<u>Charleston Office</u> 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	<u>Clarksburg Office</u> 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	<u>Martinsburg Office</u> 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
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