



Section 7. Vacation of office; change of residence (57 P.S. § 153)

(a) In the event of any change of address within the Commonwealth, notice in writing or electronically shall be given to the Secretary of the Commonwealth and the recorder of deeds of the county of original appointment by a notary public within five (5) days of such change. For the purpose of this subsection, "address" means office address.

**PRINT OR TYPE CLEARLY. FILL OUT FORM COMPLETELY.** Do not leave any blanks. Use "none" or "N/A" if applicable. There is no fee for filing this form with the Department of State. Please check with the applicable Recorder of Deeds office whether this form may be used and for any recording fee.

\* This form **MUST** be notarized per the Adams Co. Recorder \*

Notary commission expiration date	Notary commission ID number
Full name as commissioned	Date of Birth (mm/dd/yyyy)

For Official Use Only

Email address where you can be contacted about this form: \_\_\_\_\_

Employer/Business Information of Record			
Old Employer/Business Name			
Employer/Business Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Employer/Business Telephone (include area code)	Municipality (city/borough/township)	County	

New Employer/Business Information of Record (NOTE: Employer/Business contact information will be public record)			
New Employer/Business Name			
Employer/Business Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Employer/Business Telephone (include area code)	Municipality (city/borough/township)	County	

Home Address of Record			
Home Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Home Telephone (include area code)	Municipality (city/borough/township)	County	

New Home Address of Record			
Home Street Address (P.O. Box alone is insufficient)	City	State	Zip Code
Home Telephone (include area code)	Municipality (city/borough/township)	County	

**APPLICANT AFFIDAVIT:** I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. To the best of my knowledge and belief, this filing contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

\_\_\_\_\_  
 Notary Signature (must match full name as commissioned)

\_\_\_\_\_  
 Date

Notary Public Change of Address Addendum

-----FOR RECORDER OF DEEDS USE ONLY-----

State of \_\_\_\_\_  
County of \_\_\_\_\_

This acknowledgement is not required to be executed for filing this form with the Department of State. However, an acknowledgment may be required prior to recording with the applicable Recorder of Deeds office, if that Recorder of Deeds office accepts this notary public change of address form.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_

\_\_\_\_\_  
Title of Officer