



Montana Secretary of State
Notary & Certifications Division
PO Box 202801
Helena, MT 59620

MONTANA NOTARY PUBLIC NOTIFICATION OF RESIGNATION or JOURNAL RETENTION

<https://sosmt.gov>
Contact us at:
sosnotary@mt.gov
(406) 444-1877

Type or print the following information as it appears on your/ the current Certificate of Commission:

Notary's Name	City of Residence	Commission Expiration Date
Address where journals will be kept	Contact Number	Email address

☐ **Resignation:** I hereby resign my Montana Notary Public commission, effective _____.
I understand that I am responsible for destroying my official stamp and;

☐ I will personally keep and store my notary journals at the above location for at least 10 years after the performance of the last notarial act recorded in each journal. I understand that I am responsible for answering inquiries about notarizations in my journal and providing copies of entries in accordance with §1-5-618, MCA.

☐ I intend to relinquish my journals to _____
Name of entity/employer agreeing to retain journal(s)*

Signature of Notary

☐ **Death or incapacity:** As the personal representative, guardian, conservator or trustee for the above named individual, I hereby give the Secretary of State notice that the individual's commission is terminated as of _____ due to death or incapacity. I understand that I am responsible for destroying the notary's stamp, and;

☐ I will personally keep and store the notary journals for at least 10 years after the performance of the last notarial act recorded in each journal. I understand that I am responsible for answering inquiries about notarizations recorded in these journals and providing copies of entries in accordance with §1-5-618, MCA.

☐ I intend to deposit the notary's journals with _____
Name of entity/employer agreeing to retain journal(s)*

Signature of Authorized Representative

*** If journal(s) are to be retained by someone other than the notary, the following must be completed:**

AGREEMENT TO RETAIN

I agree to keep and maintain the notary journal(s) of _____ from the date of the last entry, stored
Name of Notary
in a safe and secure manner for a period of ten (10) years from the date of the last entry at:

Name of business

Phone

Address

City

State

I understand and agree that I am obligated to provide access to or copies of information in the journal at the request of the Secretary of State's office or any other authorized person, including law enforcement in accordance with §1-5-618, MCA.

Signature

Printed Name & Title

Date

Email Address