

## Notary Public Application and Renewal Instructions

1. Carefully **type** or **print legibly** all information requested on the top portion of your application and sign in the presence of a notary public. *(The bottom portion is to be completed by your County Delegation, whose addresses are listed below.)*
2. Attach a check or money order to your original application in the amount of \$25.00 payable to "SC Secretary of State."
3. Mail your original application and check/money order to your county delegation office listed below for the required signatures. Your delegation office will forward your application and check/money order to the Secretary of State's Office.
4. **If your county delegation is not listed below, forward your application to: South Carolina House of Representatives, PO Box 11867, Columbia, SC 29211. The phone number is (803) 734-2010.**
5. The Secretary of State's Office will mail your commission certificate within one week upon receipt of a properly executed application.
6. You **must be a registered voter** to become a notary public. If you do not know your voter registration number, call your County Voter Registration and Election Commission for this information. The number will be listed in the county government section of your local telephone book. You can also check your voter registration number at [www.scvotes.org](http://www.scvotes.org).

### **Aiken County Delegation**

1930 University Parkway, Ste. 3600A  
Aiken, South Carolina 29801 Phone (803) 642-1694

### **Anderson County Delegation**

PO Box 8002  
Anderson, SC 29622 Phone (864) 260-4025

### **Beaufort County Delegation**

PO Box 1228  
Beaufort, SC 29901 Phone (843) 255-2260

### **Berkeley County Delegation**

P.O. Box 142, Suite 203  
Columbia, SC 29202 Phone (803) 212-6400

### **Charleston County Delegation**

P.O. Box 190016  
North Charleston, SC 29419-9016 Phone (843) 740-5855

### **Chesterfield County Delegation**

178 Mill Street  
Chesterfield, SC 29709 Phone (843) 623-5001

### **Colleton County Delegation**

PO Box 2103  
Walterboro, SC 29488 Phone (843) 549-7586

### **Darlington County Delegation**

PO Box 1200  
Hartsville, SC 29550 Phone (843) 339-3000

### **Dillon County Delegation**

240 Bermuda Road  
Dillon, SC 29536 Phone (843) 841-3679

### **Dorchester County Delegation**

500 N. Main Street, Suite 2  
Summerville, SC 29483 Phone (843) 832-0043

### **Edgefield County Delegation**

1930 University Parkway, Suite 3600-A  
Aiken, SC 29801 Phone (803) 642-1694

### **Fairfield County Delegation**

PO Box 1006  
Winnsboro, SC 29180 Phone (803) 635-6884

### **Florence County Delegation**

180 N. Irby Street, MSC-G  
Florence, SC 29501 Phone (843) 665-3044

### **Georgetown County Delegation**

PO Drawer 421270  
Georgetown, SC 29442 Phone (843) 545-3029

### **Greenville County Delegation**

301 University Ridge, Suite 2400  
Greenville, SC 29601 Phone (864) 467-7112

### **Horry County Delegation**

PO Box 1236  
Conway, SC 29528 Phone (843) 915-5130

### **Jasper County Delegation**

PO Box 2433  
Ridgeland, SC 29936 Phone (843) 726-6019

### **Kershaw County Delegation**

632 W. DeKalb St., Suite 204  
Camden, SC 29020 Phone (803) 432-0858

### **Lexington County Delegation**

205 E. Main Street, Suite 203  
Lexington, SC 29072 Phone (803) 785-8184

### **Marion County Delegation**

P.O. Box 1514  
Marion, SC 29571 Phone (843) 423-8237

### **Marlboro County Delegation**

P.O. Box 1200  
Hartsville, SC 29551 Phone (843) 339-3000

### **Oconee County Delegation**

415 S. Pine Street  
Walhalla, SC 29691 Phone (864) 638-4237

### **Orangeburg County Delegation**

PO Box 9000  
Orangeburg, SC 29116 Phone (803) 533-6106

### **Pickens County Delegation**

201 S. Fifth St., West End Hall Rm. 205  
Easley, SC 29640 Phone (864) 850-7070

### **Richland County Delegation**

PO Box 192  
Columbia, SC 29202 Phone (803) 576-1908

### **Spartanburg County Delegation**

366 N. Church Street, Rm. 1210  
Spartanburg, SC 29303 Phone (864) 596-2529

### **Sumter County Delegation**

c/o The Honorable J. David Weeks  
35 South Sumter Street  
Sumter, SC 29150 Phone (803) 775-5856

### **York County Delegation**

858 Riverview Road  
Rock Hill, SC 29730 Phone (803) 212-6240

**Application/Renewal for Notary Public**  
 STATE OF SOUTH CAROLINA  
**OFFICE OF THE SECRETARY OF STATE**  
 THE HONORABLE MARK HAMMOND

For delegation office use only <hr style="width: 80%; margin: 5px auto;"/> Date received
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New \_\_\_\_\_ Renewal \_\_\_\_\_

To: Governor of the State of South Carolina

I respectfully petition to be appointed Notary Public for this State, and for your information, I herewith submit the following:

**PLEASE PRINT**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\*You must be a registered voter at the home address provided on this application.

County \_\_\_\_\_ Last 4 Digits of your Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Voter Registration # \_\_\_\_\_

(Voter Registration Number may be obtained from your County Voter Registration and Election Office or the State Election Commission.)

Telephone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**By checking this box, I hereby certify that I can read and write the English language.**

**OATH OF NOTARY PUBLIC**

I do solemnly swear (or affirm) that I am duly qualified, according to the Constitution of South Carolina, to exercise the duties of the office to which I have been appointed and that I will, to the best of my ability, discharge the duties thereof and preserve, protect and defend the Constitution of this State, and of the United States. So help me God.

\_\_\_\_\_  
 Signature of applicant

Sworn to and subscribed before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Print  
 Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public of South Carolina

**\*Please sign and print your name exactly as you will sign when you notarize documents. The commission will be issued in this name.**

\_\_\_\_\_  
 Printed Name  
 My Commission Expires \_\_\_\_\_

**Mail application to delegation for required signatures (addresses and telephone numbers are on the front of the application).**

**This section must be completed by your Legislative Delegation. Please choose one of the three options.**

We, the \_\_\_\_\_ Delegation, recommend the appointment of the above named applicant.  
 (County)

**1)** \_\_\_\_\_ **2)** \_\_\_\_\_  
 Signature of the Delegation Chairman OR Secretary                      Signature of Senator / Senate District # \_\_\_\_\_

\_\_\_\_\_  
 Signature of House Member / House District # \_\_\_\_\_

**3) Signed by at least half of the present Legislative Delegates from applicant's county of residence:**

_____	_____
_____	_____
_____	_____
_____	_____