

# NOTARY PUBLIC APPLICATION 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. (**Bottom portion is to be completed by your County Delegation, addresses are listed below.**)
2. Attach a check or money order to your application in the amount of \$25.00 payable to "Mark Hammond Secretary of State."
3. **MAIL YOUR APPLICATION AND CHECK TO YOUR COUNTY DELEGATION OFFICE LISTED BELOW FOR THE REQUIRED SIGNATURES. YOUR DELEGATION OFFICE WILL FORWARD YOUR CHECK AND APPLICATION TO THE SEC. OF STATE.**
4. **IF YOUR COUNTY IS NOT LISTED BELOW, FORWARD YOUR APPLICATION TO THE ADDRESS FOR THE HOUSE OF REPRESENTATIVES.**
5. Secretary of State will mail your commission 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 Voters Registration Office or County Registration and Election Commission for this information. The number will be listed under County Government in your local telephone book.

AIKEN COUNTY DELEGATION  
828 RICHLAND AVENUE  
AIKEN, SC 29801 PHONE (803) 642-1694

LEXINGTON COUNTY DELEGATION  
205 EAST MAIN STREET  
LEXINGTON, SC 29072 PHONE (803) 785-8184

ANDERSON COUNTY DELEGATION  
P. O. BOX 8002  
ANDERSON, SC 29622 PHONE (864) 260-4025

MARION COUNTY DELEGATION  
137 AIRPORT COURT, SUITE J  
MULLINS, SC 29574 PHONE (843) 423-8237

BEAUFORT COUNTY DELEGATION  
MS. ASHLEY W. SANDERS  
P.O. BOX 1267  
BEAUFORT, SC 29901 PHONE (843) 470-2565

OCONEE COUNTY DELEGATION  
415 SOUTH PINE STREET  
WALHALLA, SC 29691 PHONE (864) 638-4237

CHARLESTON COUNTY DELEGATION  
# 4 COURTHOUSE SQUARE  
CHARLESTON, SC 29401 PHONE (843) 958-4250

ORANGEBURG COUNTY DELEGATION  
P.O. BOX 9000 C/O SUSAN MATTHEWS  
ORANGEBURG, SC 29116-9000  
PHONE (803) 533-6102

COLLETON COUNTY DELEGATION  
P.O. BOX 2103  
WALTERBORO, SC 29488 PHONE (843) 549-7586

PICKENS COUNTY DELEGATION  
201 S. FIFTH STREET  
WEST END HALL, ROOM 205  
EASLEY, SC 29640

DARLINGTON COUNTY DELEGATION  
P.O. BOX 1200, GERALD MALLOY  
HARTSVILLE, SC 29550 PHONE: (803) 212-6148

RICHLAND COUNTY DELEGATION  
P. O. BOX 192  
1701 MAIN STREET, SUITE 409  
COLUMBIA, SC 29202 PHONE (803) 576-1908

FAIRFIELD COUNTY DELEGATION  
P.O. BOX 1006 C/O REP. CREIGHTON COLEMAN  
WINNSBORO, SC 29180

SPARTANBURG COUNTY DELEGATION  
366 N. CHURCH STREET, ROOM 1210  
SPARTANBURG, SC 29303 PHONE (864) 596-2529

FLORENCE COUNTY DELEGATION  
180 N. IRBY STREET, MSC-G  
FLORENCE, SC 29501 PHONE (843) 665-3044

SUMTER COUNTY DELEGATION  
C/O COURTHOUSE, ROOM 103  
SUMTER, SC 29150 PHONE (803) 436-2304

GEORGETOWN COUNTY DELEGATION  
P.O. DRAWER 421270, GEORGETOWN  
SC 29442-1270 PH (843) 545-3029

YORK COUNTY DELEGATION  
P. O. BOX 31  
CLOVER, SC 29710

GREENVILLE COUNTY DELEGATION  
301 UNIVERSITY RIDGE, SUITE 2400  
GREENVILLE, SC 29601 PHONE (864) 467-7105

**ALL OTHER COUNTIES FORWARD TO:**  
**S. C. HOUSE OF REPRESENTATIVES**  
P.O. BOX 11867  
COLUMBIA, SC 29211 PHONE (803) 734-2010

HORRY COUNTY DELEGATION  
P.O. BOX 1236  
CONWAY, SC 29528 PHONE (843) 915-5130



STATE OF SOUTH CAROLINA  
**OFFICE OF THE SECRETARY OF STATE**  
 THE HONORABLE MARK HAMMOND

New \_\_\_\_\_ Renew \_\_\_\_\_

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:

Name \_\_\_\_\_

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

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

County \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**(Voter Registration Number may be obtained from your Co. Registration and Election Office or Voter Registration Office)**

Telephone # (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**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.

Sworn to and subscribed before me

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Date \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

**Mail Application to Delegation for required signatures (addresses and telephone numbers are on back of application)**

We, The \_\_\_\_\_ Delegation, recommend the appointment of the above named applicant.

(Signature of the Delegation Chairman or Secretary) or (Signature of Senator and House member representing District)

\_\_\_\_\_  
 Chairman of Delegation

\_\_\_\_\_  
 Signature of Senator Senate District \_\_\_\_\_

\_\_\_\_\_  
 Secretary of Delegation

\_\_\_\_\_  
 Signature of House Member House District \_\_\_\_\_

**Or** signed by at least half of the present Legislative Delegates from applicant's County:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_