

## Apostille/Certificate of Authentication Request

Please print or type. Submit this form with your documents.

Country Requesting the Apostille? (Required): \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Name of Firm/Organization (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street

City

State/Region

Zip Code

Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Return Mailer Enclosed: (You must enclose one of the following if documents are to be returned to you by mail.)

- Pick Up
- USPS Priority/Express \$19.99
- FedEx (US) \$45.00
- International FedEx ( \$105 Mexico,  \$130 Western Europe,  \$150 China/S. Korea,  \$160 S. America)

**For Department Use Only**

Transaction # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

**Fees (Per Document)-(Please Check off the desired services):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Birth Certificate: \$206   | <input type="checkbox"/> Transcripts, Diplomas: \$276              | <input type="checkbox"/> Death Certificate: \$206   |
| <input type="checkbox"/> Marriage Certification: \$206  | <input type="checkbox"/> Power of Attorney: \$276                  | <input type="checkbox"/> Notarized Documents: \$276   |
| <input type="checkbox"/> Divorce Decree: \$276  | <input type="checkbox"/> Affidavits, Single Status, : \$276        | <input type="checkbox"/> Certificate of Naturalization: \$375   |
| <input type="checkbox"/> Notarized Signature: \$25  | <input type="checkbox"/> Copies   Scans: \$1 x pg #                | <input type="checkbox"/> FBI Background Check   |
| <input type="checkbox"/> Regular Translation \$ 120 X Page #<br>(ONLY translation, no apostille services) | <input type="checkbox"/> Medical Signature Verification (MD): \$75 | <input type="checkbox"/> Translation (discount): \$ 95 X Page #<br>(Apostille service with translation) |

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Your signature indicates you have read, understood and agree to all the terms and conditions of service)

Make Cashier Check or Money Order Payable to SOS APOSTILLES LLC and mail to:

**Oxnard SOS Apostilles  
300 E Esplanade Drive  
9th Floor  
Oxnard, CA 93036**

**Form of Payment Enclosed or Authorized:**

**\*\*Payment by Credit and debit Card is added an additional 9% to the total amount; I Accept the terms and condition, all sales are final.\*\***

Name as it appears on card: \_\_\_\_\_ Phone No: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

MM/YY

**Total: \$ \_\_\_\_\_** *Payment Authorization;* By Signing below, the authorized cardholders accepts and authorizes DOWN TOWN LOS ANGELES NOTARY PUBLIC,LLC, to charge your Credit Card the total amount indicated on the left, the amount will be charged for service provided plus an additional charge of convenience of using the 9% credit card. I accept the terms and conditions, all sales are final.

Cardholder's Signature: \_\_\_\_\_