

United States Apostilles

Authentication /Apostille Request Form

633 West 5th Street
Suite 2800
Los Angeles, CA 90071
877-313-8585

ALL OTHER STATES

Office Use:

AUTHENTICATION / APOSTILLE REQUEST

Name: _____
Address: _____
City: _____ State: _____ .. p: _____
Phone: _____ Email: _____

Country in which the document will be used - (example: China, Mexico, or Spain):

Delivery Method Requested:

- Pick up Prepaid Addressed Envelope USPS Priority/Express \$19.99 FedEx (US) \$35.00
 International FedEx (\$95 Mexico, \$120 Western Europe, \$130 China/S. Korea, \$150 S. America)
 Personal Account: FedEx/UPS/DHL/ Acct No. _____

Fees* (Per Document)

- Birth Certificate: \$200 Marriage Certification: \$200 Death Certificate: \$200
 Divorce Decree: \$200 Power of Attorney: \$200 Notarized Documents: \$200
 Transcripts, Diplomas: \$200 Translations: \$80 MD Verification: \$100.00

Your Signature: **X** _____ Date: _____

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

Make Check or Money Order Payable to **United States Apostilles** and mail to:

United States Apostilles
633 West 5th Street, Suite 2800
Los Angeles, CA 90071

For Payments via Credit Card (9% credit card fee will be added):

Card Number:	<input type="text"/>	Expiration Date:	<input type="text"/> / <input type="text"/>	CSC:	<input type="text"/>
Name on Card:	<input type="text"/>		MM / YY		
Billing Address:	<input type="text"/>	City:	<input type="text"/>		
Contact Number:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Total:\$	<input type="text"/>	Email:	<input type="text"/>		
Cardholder Signature:	X <input type="text"/>				

By signing below, I the authorized cardholder, agree to and authorize **United States Apostilles** to charge my credit card the amount as indicated in the "Total Amount to be Charged" field for the services to be rendered. An additional 9% credit card processing fee will be added.