

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
☐ FedEx (US) GROUND: (3-5 days) \$21.88
☐ FedEx (US) (1-2 days): \$44.88
☐ International FedEx ☐ \$105 Mexico, ☐ \$130 Western Europe, ☐ \$140 China/S. Korea, ☐ \$170 S. America)

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Birth Certificate: \$156 | <input type="checkbox"/> Marriage Certification: \$156 | <input type="checkbox"/> Death Certificate: \$156 |
| <input type="checkbox"/> Transcripts, Diplomas: \$226 | <input type="checkbox"/> Power of Attorney: \$226 | <input type="checkbox"/> Notarized Documents: \$226 |
| <input type="checkbox"/> Divorce Decree: \$226 | <input type="checkbox"/> Affidavits, Single Status, : \$226 | <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: \$375 |
| <input type="checkbox"/> REGULAR Translation \$145 X Page # _____ | <input type="checkbox"/> Medical Signature Verification (MD): \$100 | <input type="checkbox"/> Translation PLUS: \$ 125 X Page # _____ |

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 Apostille Los Angeles and mail to:

Apostille Los Angeles
515 South Flower St, Suite #1800
Los Angeles, CA 90071
888-686-8585

****Attached or Authorized Payment Method:****

Payment by credit or debit card is subject to an additional **9%** charge on the total amount.

By proceeding with the payment, the customer agrees to the **terms and conditions** set forth. **All sales are final and non-refundable.**

Name as it appears on card: _____ Phone No: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ Expiration Date: _____ CSC: _____

MM/YY

Total: \$ _____

By signing below, the undersigned cardholder ("Cardholder") expressly authorizes Downtown Los Angeles Notary Public, LLC ("Company") to charge the credit card provided for payment in the total amount specified. This amount includes the cost of services rendered plus a 9% convenience fee for credit card processing. Cardholder acknowledges and agrees that all sales are final and that no refunds, cancellations, or chargebacks are permitted unless required by law. In the event of a dispute, Cardholder agrees to first attempt resolution directly with the Company before initiating a chargeback with the issuing bank. By signing, Cardholder confirms they are an authorized user of the payment method provided and understand their responsibility for any charges incurred.

Cardholder's Signature: _____