

## 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) \$35.00  
 International FedEx ( \$95 Mexico,  \$120 Western Europe,  \$130 China/S. Korea,  \$150 S. America)

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Birth Certificate: \$126   | <input type="checkbox"/> Marriage Certification: \$126              | <input type="checkbox"/> Death Certificate: \$126  |
| <input type="checkbox"/> Transcripts, Diplomas: \$176   | <input type="checkbox"/> Power of Attorney: \$176                   | <input type="checkbox"/> Notarized Documents: \$176  |
| <input type="checkbox"/> Divorce Decree: \$176  | <input type="checkbox"/> Affidavits, Single Status, : \$176         | <input type="checkbox"/> Certificate of Naturalization: \$350<br>FBI Background Check                                    |
| <input type="checkbox"/> Notarized Signature: \$25  | <input type="checkbox"/> Copies   Scans: \$1 x pg #                 | <input type="checkbox"/> Translation (discount): \$ 95 X Page #<br>(Special Discount if you also take Apostille Service) |
| <input type="checkbox"/> Regular Translation \$ 120 X Page #<br>(ONLY translation, NO apostille services) | <input type="checkbox"/> Medical Signature Verification (MD): \$100 |  |

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:**

**Apostille Los Angeles**  
515 South Flower St, Suite #1862  
Los Angeles, CA 90071  
888-686-8585

**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: \_\_\_\_\_

**Total: \$** \_\_\_\_\_ **Payment Authorization:** By Signing below, the authorized cardholders accepts and authorises DOWN TOWN LOS ANGLES 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: \_\_\_\_\_