

**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.)

- USPS \$19.99
- Fed7Ex (US) \$44.88
- International FedEx ( \$125 Mexico,  \$143 Western Europe,  \$161 China/S. Korea,  \$170 S. America)

**For Department Use Only**

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

**Fees (Per Document)** (Please Check off the document/s required an apostille):

- Birth Certificate: \$224.88
- Marriage Certification: \$224.88
- Divorce Decree: \$305.88
- Notarized Signature: \$26
- Translation OTHER \$ 143 X Pg #\_\_ (Certified & Notarized)
- Transcripts, Diplomas: \$305.88
- Power of Attorney: \$305.88
- Affidavits, Single Status: \$305.88
- Copies | Scans: \$1 x pg #
- Medical Signature Verification (MD): \$107
- Death Certificate: \$224.88
- Notarized Documents: \$305.88
- Certificate of Naturalization: \$404
- FBI Background Check
- Translation (discount): \$ 107.88 X Pg \_\_ (Certified & Notarized)

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

By signing, you acknowledge that you have read, understood, and agree to all the terms and conditions of service.

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

**San Jose SOS Apostilles**  
84 W. Santa Clara Street  
Suite 700  
San Jose, CA 95113

**Form of Payment Enclosed or Authorized:**

Payments made by credit or debit card will incur an additional 9% charge on the total amount. By proceeding with the transaction, the customer agrees to the terms and conditions. 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: \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**Payment Authorization Agreement:** By signing below, the cardholder hereby authorizes *Downtown Los Angeles Notary Public, LLC* to charge the credit card provided for the total amount specified, which includes service fees and a 9% convenience fee for using a credit card. The cardholder acknowledges and agrees that all services rendered are final, non-refundable, and not subject to dispute. The cardholder further agrees to the terms and conditions set forth and waives any right to chargeback for services provided.

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