

San Jose SOS Apostilles

84 W. Santa Clara Street
Suite 700
San Jose, CA 95113
877-795-2465

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
- FedEx (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 which requires an apostille):

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate: \$332 | <input type="checkbox"/> Transcripts, Diplomas: \$332 | <input type="checkbox"/> Death Certificate: \$332 |
| <input type="checkbox"/> Marriage Certification: \$332 | <input type="checkbox"/> Power of Attorney: \$332 | <input type="checkbox"/> Notarized Documents: \$332 |
| <input type="checkbox"/> Divorce Decree: \$332 | <input type="checkbox"/> Affidavits: \$332 | <input type="checkbox"/> Certificate of Naturalization: \$404 |
| <input type="checkbox"/> Single Status Affidavit: \$332 | <input type="checkbox"/> Copies Scans: \$1 x pg # | <input type="checkbox"/> FBI Background Check |
| <input type="checkbox"/> Translation OTHER \$ 143 X Pg #__
(Certified & Notarized) | <input type="checkbox"/> Notarized Signature: \$26.88 x #__ | <input type="checkbox"/> 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: _____

MM/YY

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: _____