



Apostille & Authentication Intake Form Please include this form with your document(s)

Contact Information:			
First Name:		Last Name:	
Company (if applicable)			
Email:		Phone:	
Street Address:		City:	
Country:		Zip Code:	State:
Will your documents be shipped to Ship to:	the address above? \square Yes or \square	No (if no, provide ship to	o address)
First Name:		Last Name:	
Street Address:		City:	
Country:		Zip Code:	State:
Document Information (e.g., Birth Certificate, Marriage Certificate, Dip	•	•	December Netwig all
Document Description	State of Origin	Country of Destin	ation Documents Notarized? Yes or No
Service Requested: □ Apostille/Auther		bassy Legalization	
Expedited Service Required? Yes			Acceptable Payments:
If yes, please specify desired timeframe: Additional instructions or notes or details relevant to your request:			PayPal: PayPal.Me/MzNotaryMN
			Venmo: @IAMSHELLC
			Zelle: 612 814.2729 Pay by: Upon Receipt
			Pay by: Upon Receipt
Flat Rate Fees			
\$375 Full Service Apostille -1	personal document n the same state \$375 + \$12		
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