

United States Apostilles

(Other States)

633 West 5th Street
Suite 2800
Los Angeles, CA 90071
877-313-8585

Authentication /Apostille Request Form

(ALL OTHER STATES)

Office Use:
Acknowledgement of Document Delivery
Date: _____ Time: _____
Name: _____ Initial: _____

AUTHENTICATION / APOSTILLE REQUEST

Name: _____
 Address: _____
 City: _____ State: _____
 Phone: _____ Email: _____

Country in which the document will be used - (example: China, Mexico, or Spain):

Delivery Method:

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

Fees* (Per Document)

- Birth Certificate: \$350
- Divorce Decree: \$350
- Transcripts, Diplomas: \$350
- Marriage Certification: \$350
- Power of Attorney: \$350
- Translations: \$95
- Death Certificate: \$350
- Notarized Documents: \$350
- MD Verification: \$100.00

Your Signature: X 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:

United States Apostilles
633 West 5th Street, Suite 2800
Los Angeles, CA 90071

For Payments via Credit Card (9% credit card fee will be added):

Card Number:	<input type="text"/>	Expiration Date:	<input type="text"/> / <input type="text"/>	CSC:	<input type="text"/>
Name on Card:	<input type="text"/>		MM / YY		
Billing Address:	<input type="text"/>	City:	<input type="text"/>		
Contact Number:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>		

Total:\$ By signing below, I the authorized cardholder, agree to and authorize **SOS APOSTILLES LLC** to charge my credit card the amount as indicated in the "Total Amount to be Charged" field for the services to be rendered. An additional 9% credit card processing fee will be added.

Cardholder Signature:

X