



FLORIDA DEPARTMENT *of* STATE

Apostille or Notarial Certification Request

Requestor's Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Daytime Phone: _____

Email Address: _____

Country the document is being authenticated for: _____

Total number of documents being apostilled or certified: _____

Fees:

- \$10.00 per document; **OR**
- \$20.00 per document, for documents certified by any Clerk of the Court for any county in Florida when requesting an apostille. (\$10 for Apostille; \$10 for Certificate of Incumbency)
- **Make Check or Money Order payable to: Florida Department of State**

Submit form, document(s), prepaid self-addressed envelope or air bill, and payment(s) to:

Mailing Address

Division of Corporations
ATTN: Apostille Section
P.O. Box 6800
Tallahassee, FL 32314-6800

Courier Address

Division of Corporations
ATTN: Apostille Section
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Division of Corporations
The Centre Of Tallahassee
850.245.6053 • Sunbiz.org**

