SOS Apostille (CA) 445 SOUTH FIGUEROA ST			Office	Use:			
FLOOR 31 ST LOS ANGELES, CA 323.834.2483	90071						
	A	uthentication	n /Apostille	Request	Form		
Name:				<u>-</u>			
Address:							
City:		State:	Zip:				
Phone:		Email:					
Country	in which the	document will be	e used - (exam	ple: China, Mo	exico, or Spai	<mark>n):</mark>	
FedEx/UPS/DHL/ A  Fees* (per docur  _ Birth Certificate:  _ Divorce Decree:  _ Transcripts, Diplo  _Notarized Signature	nent) - (Plea \$156 \$226 omas: \$226 ure \$15 X	urope, _\$130 China ude a self-address se Check off the off _ Marriage Certific _ Power of Attorno _ Affidavits: \$226_ _MD Signature Ve g _ Translations _ Page# X \$105	desire services cation: \$156 ey: \$226 Certificate of N rification: \$100	velope.  S):  _ Death Certing  _ Notarized Electrical Staturalization: States	ficate: \$156 Documents: \$2 \$226		
Your Signature: X				Date:			
•		es you have read, und	derstood and agre	ee to all the term	ns and condition	ns of service)	
	Make Ched	445	ayable to SOS Apo ostille Services, SOUTH FIGUEROA ST FLOOR 31ST 5 ANGELES, CA 90071	LLC	LC and mail to:		
For Payments with cre	dit & debit card	an additional 9% fee wi	ll be added:				
Card Number:			Expi	ration Date:	/ C	SC:	
Name on Card:					MM / YY		
Billing Address:				City:			
				State:	Z	Zip:	
Phone N	o:			Email:			
Total Amount to be Charged		charge my credit / deb	By signing below, I the authorized cardholder, agree to and authorize <b>SOS APOSTILLE SERVICES, LLC</b> to charge my credit / debit 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 S	Signature:						