

(All Other States: AK, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY)

# SOS Apostille

445 SOUTH FIGUEROA ST  
FLOOR 31 ST  
LOS ANGELES, CA 90071  
323.834.2483

Office Use:

## Authentication /Apostille Request Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

### **Return to client – shipping request please check off the desire service:**

Pick Up  Prepaid Addressed Envelope  USPS Priority/Express \$19.99  FedEx (US) \$35.00 International FedEx  
( \$95 Mexico,  \$120 Western Europe,  \$130 China/S. Korea,  \$150 S. America)  Personal Account:  
FedEx/UPS/DHL/ Acct No: Include a self-addressed label & envelope.

### **Fees\* (per document) - (Please Check off the desire services):**

Birth Certificate: \$256       Marriage Certification: \$256       Death Certificate: \$256  
 Divorce Decree: \$256       Power of Attorney: \$256       Notarized Documents: \$226  
 Transcripts, Diplomas: \$256       Affidavits: \$256       Certificate of Naturalization: \$256  
 Notarized Signature \$15 X  MD Signature Verification: \$100  
 Translations + Apostille: \$85/Pg       Translations w/out Apostille service: \$105/Pg

Page# \_\_\_ X \$85

Page# \_\_\_ X \$105

**Your Signature: X \_\_\_\_\_ Date: \_\_\_\_\_**

(Your signature indicates you have read, understood and agree to all the terms and conditions of service)

Make Check or Money Order Payable to SOS Apostille Services, LLC and mail to:

SOS Apostille Services, LLC  
445 SOUTH FIGUEROA ST  
FLOOR 31ST  
LOS ANGELES, CA 90071

For Payments with credit & debit card an additional 9% fee will be added:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CSC: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ MM / YY  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Total Amount to be Charged:\$

By signing below, I the authorized cardholder, agree to and authorize **SOS APOSTILLE SERVICES, LLC** 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 Signature: \_\_\_\_\_