

(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

11801 Pierce Street, Suite 200
Riverside, CA 92505 888-
778-1656

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
11801 Pierce Street, Suite 200
Riverside, CA 92505

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: _____