

# eApostilles Order Form [ALL OTHER STATES]

Office Use Document No:

501 West Broadway, Suite 800  
San Diego, CA 92101  
877-709-7009

## AUTHENTICATION / APOSTILLE REQUEST

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

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

\_\_\_\_\_

### **Delivery Method Requested:**

- 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. \_\_\_\_\_

### **Fees\* (Per Document)**

- Birth Certificate: \$256  Marriage Certification: \$256  Death Certificate: \$256  
 Divorce Decree: \$256  Power of Attorney: \$256  Notarized Documents: \$256  
 Transcripts, Diplomas: \$256  Translations w/ Apos: \$85  Translations w/OUT Apos: \$105  
 MD Verification: \$100  Notarized Signatures: \$15 X # \_\_\_\_\_

**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 **eApostilles** and mail to:

**sApostilles**  
501 West Broadway, Suite 800  
San Diego, CA, 92101

For Payments via Credit Card (5% 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"/>                        |         |                      |
|                  | <input type="text"/> | State:           | <input type="text"/>                        | Zip:    | <input type="text"/> |
| Contact Number:  | <input type="text"/> | Email:           | <input type="text"/>                        |         |                      |

Total Amount to  
be Charged: \$

By signing below, I the authorized cardholder, agree to and authorize **EAPOSTILLES** 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: