

(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

## 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. \_\_\_\_\_

### 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: \$256  
 Transcripts, Diplomas: \$256       Translations w/ Apos: \$85       Translations w/Out Apos: \$105  
 Notarize Signatures # \_\_\_\_ x \$15 = \_\_\_\_      Pages# \_\_\_\_ x \$85 = \_\_\_\_      Pages# \_\_\_\_ 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 via Credit / Debit Card (9% credit card 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:** \_\_\_\_\_