

Apostille/Certificate of Authentication Request

Please print or type. Submit this form with your documents.

Country Requesting the Apostille? (Required): _____

Requestor's Name: _____

Name of Firm/Organization (If applicable): _____

Address: _____

Number and Street

City

State/Region

Zip Code

Daytime telephone number: _____ - _____ Email address: _____

Type of Return Mailer Enclosed: (You must enclose one of the following if documents are to be returned to you by mail.)

- Pick Up
 USPS Priority/Express \$19.99
 FedEx (US) \$35.00
 International FedEx (\$95 Mexico, \$120 Western Europe, \$130 China/S. Korea, \$150 S. America)

For Department Use Only

Transaction # _____ Cash Receipt # _____ Date: _____

Fees (Per Document)-(Please Check off the desire services):

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate: \$156 | <input type="checkbox"/> Marriage Certification: \$156 | <input type="checkbox"/> Death Certificate: \$156 |
| <input type="checkbox"/> Transcripts, Diplomas: \$226 | <input type="checkbox"/> Power of Attorney: \$226 | <input type="checkbox"/> Notarized Documents: \$226 |
| <input type="checkbox"/> Divorce Decree: \$226 | <input type="checkbox"/> Affidavits, Single Status,: \$226 | <input type="checkbox"/> Certificate of Naturalization: \$375 |
| <input type="checkbox"/> Notarized Signature: \$15 | <input type="checkbox"/> Copies Scans: \$1 x pg # _____ | <input type="checkbox"/> Translation (discount): \$ 85 X Page # _____
(Apostille service with translation) |
| <input type="checkbox"/> Regular Translation \$ 120 X Page #
(ONLY translation, no apostille services) | <input type="checkbox"/> Medical Signature Verification (MD): \$100 | |

Your Signature: _____ Date: _____

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

Make Cashier Check or Money Order Payable to SOS APOSTILLES LLC and mail to:

SOS Apostilles
11801 Pierce St. Suite 200
Riverside, CA 92505
888-778-1656

Form of Payment Enclosed or Authorized:

****Payment by Credit and debit CArd is added an additional 9% to the total amount; I Accept the terms and condition, all sales are final.****

Name as it appears on card: _____ Phone No: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ Expiration Date: _____^{MM/YY} CSC: _____

Total: \$ _____

Payment Authorization; By Signing below, the authorized cardholders accepts and authorises DOWN TOWN LOS ANGES NOTARY PUBLIC,LLC, to charge your Credit Card the total amount indicated on the left, the amount will be charged for service provided plus an additional charge of convenience of using the 9% credit card. I accept the terms and conditions, all sales are final.

Cardholder's Signature: _____