

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.)

- ☐ USPS \$19.99
☐ FedEx (US) \$44.88
☐ International FedEx (☐ \$125 Mexico, ☐ \$143 Western Europe, ☐ \$161 China/S. Korea, ☐ \$170 S. America)

For Department Use Only

Transaction # _____ Cash Receipt # _____ Date: _____

Fees (Per Document) (Please Check off the document/s required an apostille):

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Certificate: \$170.88 | <input type="checkbox"/> Marriage Certification: \$170.88 | <input type="checkbox"/> Death Certificate: \$170.88 |
| <input type="checkbox"/> Transcripts, Diplomas: \$260.88 | <input type="checkbox"/> Power of Attorney: \$260.88 | <input type="checkbox"/> Notarized Documents: \$260.88 |
| <input type="checkbox"/> Divorce Decree: \$260.88 | <input type="checkbox"/> Affidavits, Single Status: \$260.88 | <input type="checkbox"/> Certificate of Naturalization: \$404.88 |
| <input type="checkbox"/> Notarized Signature: \$26.88 | <input type="checkbox"/> Copies Scans: \$1 x pg # | <input type="checkbox"/> FBI Background Check: \$404.88 |
| <input type="checkbox"/> Translation OTHER \$ 143.88 X Pg # ____ | <input type="checkbox"/> Medical Signature Verification (MD): \$107 | <input type="checkbox"/> Translation PLUS: \$107.88 X Pg# ____ |

Your Signature: _____ Date: _____

By signing, you acknowledge that you have read, understood, and agree to all the terms and conditions of service.

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

Riverside SOS Apostilles

11801 Pierce Street
Suite 200
Riverside, CA 92505

****Attached or Authorized Payment Method:** Payment by credit or debit card is subject to an additional ****9%**** charge on the total amount. By proceeding with the payment, the customer agrees to the ****terms and conditions**** set forth. ****All sales are final and non-refundable.******

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

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

Card Number: _____ Expiration Date: _____ CSC: _____

Total: \$ _____

By signing below, the undersigned cardholder ("Cardholder") expressly authorizes Downtown Los Angeles Notary Public, LLC ("Company") to charge the credit card provided for payment in the total amount specified. This amount includes the cost of services rendered plus a 9% convenience fee for credit card processing. Cardholder acknowledges and agrees that all sales are final and that no refunds, cancellations, or chargebacks are permitted unless required by law. In the event of a dispute, Cardholder agrees to first attempt resolution directly with the Company before initiating a chargeback with the issuing bank. By signing, Cardholder confirms they are an authorized user of the payment method provided and understand their responsibility for any charges incurred

Cardholder's Signature: _____