

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
☐ Fed7Ex (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 Marriage | <input type="checkbox"/> Transcripts, Diplomas: \$260.88 Power of | <input type="checkbox"/> Death Certificate: \$170.88 |
| <input type="checkbox"/> Certification: \$170.88 | <input type="checkbox"/> 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 Copies | <input type="checkbox"/> Certificate of Naturalization: \$404 FBI |
| <input type="checkbox"/> Notarized Signature: \$26.88 | <input type="checkbox"/> Scans: \$1 x pg # | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Translation OTHER \$ 143.88 x Pg# _____ | <input type="checkbox"/> Medical Signature Verification (MD): \$107 | <input type="checkbox"/> Translation (discount): \$ 107.88 X Pg # _____ |
| <input type="checkbox"/> (Certified & Notarized) | | <input type="checkbox"/> (Certified & Notarized) |

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:

San Bernardino SOS Apostilles

225 W. Hospitality Lane
SUITE 201-N
San Bernardino, CA 92408
866-580-5858

Form of Payment Enclosed or Authorized:

Payments made by credit or debit card will incur an additional 9% charge on the total amount. By proceeding with the transaction, the customer agrees to the terms and conditions. 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: _____

MM/YY

Total: \$ _____

Payment Authorization Agreement: By signing below, the cardholder hereby authorizes *Downtown Los Angeles Notary Public, LLC* to charge the credit card provided for the total amount specified, which includes service fees and a 9% convenience fee for using a credit card. The cardholder acknowledges and agrees that all services rendered are final, non-refundable, and not subject to dispute. The cardholder further agrees to the terms and conditions set forth and waives any right to chargeback for services provided.

Cardholder's Signature: _____