(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)

San Bernardino SOS Apostilles

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

Apostille/Certificate of Authentication Request

Cardholder's Signature:_

Please print or type. Submit this form v	vith your documents.		
Country Requesting the Apostille? (Requ	uired):		
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 of FedEx (US) GROUND (3-5 days): \$	enclose one of the following if documents are to be 26.88	returned to you by ma	ail.)
_o FedEx (US 1-2 days) : \$44.88			
○ International FedEx (○ \$125 Mexi	co, O\$143 Western Europe, O\$161 China/	S. Korea, O \$170	S. America
For Department Use Only			
	Cash Receipt #	Date	e:
Fees (Per Document)-(Please Check off the o	desire services):		
Birth Certificate: \$332	Transcripts, Diplomas: \$332	Death	Certificate: \$332
Marriage Certification: \$332		Notarized Documents: \$332	
Divorce Decree: \$332	Power of Attorney: \$332	Ш	cate of Naturalization: \$404.88 FB
	Affidavits: \$332	Backg	round Check: \$404.88
Single Status Affidavit: \$332	Copies Scans: \$1 x pg #	Transl	ation PLUS : \$ 107.88 X Pg#
Translation OTHER \$ 143.88 X Pg #	Notarized Signature: \$26.88 x #		
Your Signature:		Date:	
By signing, you acknowledge the	at you have read, understood, and agree to all the terms a	and conditions of service	e. ALL Sales are Finale!
Make Cashi	er Check or Money Order Payable to SOS APOS	TILLES and mail to:	
	San Bernardino SOS Apostilles 225 W. Hospitality Lane SUITE 201-N San Bernardino, CA 92408		
orm of Payment Enclosed or Authorized: Payment ansaction, the customer agrees to the terms and cond	s made by credit or debit card will incur an additional 9% litions. All sales are final and non-refundable	% charge on the total am	ount. By proceeding with the
Name as it appears on card:	Phone No:		
	City:		
Card Number:	Expiration Date:	MM/YY	_ CSC:
he credit, debit, or other payment card provided for the total am o the following terms: All sales are final. No refunds, cancel ubmitted, a cancellation fee of 25% of the total service amount Company, an additional \$55.00 chargeback fee will be added to	y signing below, the undersigned cardholder ("Cardholder") expressly count specified. This total includes the cost of services rendered plus llations, or chargebacks are permitted unless otherwise required by or \$75.00—whichever is greater—will apply. Chargebacks: If a chat the amount owed. Dispute Resolution: Cardholder agrees to make a signing below, the Cardholder confirms they are an authorized user	y authorizes Downtown Los A a 9% convenience fee for care California law. Cancellation geback is initiated without fir good faith effort to resolve a	d processing. Cardholder acknowledges and agin Policy: If services are canceled after paymer rist attempting to resolve the matter directly with my concerns or disputes directly with the Comp

Date: _