

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) \$45.00
- International FedEx (\$105 Mexico, \$130 Western Europe, \$150 China/S. Korea, \$160 S. America)

For Department Use Only

Transaction # _____ Cash Receipt # _____ Date: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Birth Certificate: \$206 | <input type="checkbox"/> Transcripts, Diplomas: \$276 | <input type="checkbox"/> Death Certificate: \$206 |
| <input type="checkbox"/> Marriage Certification: \$206 | <input type="checkbox"/> Power of Attorney: \$276 | <input type="checkbox"/> Notarized Documents: \$276 |
| <input type="checkbox"/> Divorce Decree: \$276 | <input type="checkbox"/> Affidavits, Single Status, : \$276 | <input type="checkbox"/> Certificate of Naturalization: \$375 FBI Background Check |
| <input type="checkbox"/> Notarized Signature: \$25 | <input type="checkbox"/> Copies Scans: \$1 x pg # | <input type="checkbox"/> Translation (discount): \$ 95 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): \$75 | |

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:

Valencia SOS Apostilles
25350 Magic Mountain Parkway
Suite 300
Valencia, CA 91355

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: _____ 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: _____