

United States Apostilles (Arkansas)

AUTHENTICATION REQUEST FORM

633 West 5th Street, 28th Floor
Los Angeles, CA 90071

DATE:

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Month Day Year

AUTHENTICATION REQUEST

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

COUNTRY BEING SENT TO? (example: China, Mexico, Spain):

Please call prior to submitting any documentation for pre-approval: 877-313-8585

Delivery Method Requested:

- Pick Up Prepaid Addressed Envelope USPS Priority/Express \$19.99 FedEx (US) \$35.00
 International FedEx (\$85 Mexico, \$100 Western Europe, \$110 China / S. Korea, \$130 S. America)

FedEx/UPS/DHL Acct No _____

Fees (Per Document)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Birth Certificate: \$196 | <input type="checkbox"/> Marriage Certificate: \$196 | <input type="checkbox"/> Death Certificate: \$196 |
| <input type="checkbox"/> Divorce Decree: \$196 | <input type="checkbox"/> Power of Attorney: \$196 | <input type="checkbox"/> Notarized documents: \$196 |
| <input type="checkbox"/> Transcripts, Diplomas: \$196 | <input type="checkbox"/> Other: _____ | |

Your Signature: X _____ **Date:** _____

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

Make Check or Money Order Payable to **United States Apostilles** and mail to:

United States Apostilles
633 West 5th Street, 28th Floor
Los Angeles, CA 90071

877.313.8585

**** Please ADD the Credit Card Convenience Fee of 4% TOTAL X 1.04**