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*):

☐ Birth Certificate: $206
☐ Marriage Certification: $206
☐ Divorce Decree: $276
☐ Notarized Signature: $25
☐ Regular Translation $ 120 X Page #
(ONLY translation, no apostille services)

☐ Transcripts, Diplomas: $276
☐ Power of Attorney: $276
☐ Affidavits, Single Status, : $276
☐ Copies | Scans: $1 x pg #
☐ Medical Signature Verification (MD): $75

☐ Death Certificate: $206
☐ Notarized Documents: $276
☐ Certificate of Naturalization: $376
☐ Translation (discount): $ 95 X Page #
(Apostille service with translation)

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:

**Los Angeles SOS Apostilles
18000 Studebaker Road
Suite 700
Cerritos, CA 90703**

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:** _____
MM/YY

Total: $ _____

Payment Authorization; By Signing below, the authorized cardholders accepts and authorizes DOWNTOWN LOS ANGLES APOSTILLES ,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: _____