AUTHENTICATION SUBMITTAL FORM

Authentication Services Are For International Use Only Only (1) One Form Is Needed

Address			
City	State	Zip	
Email Address			
Daytime Telephone Number_			
Select one: Apostille	Certificatio	n	
Foreign country in which docur	ment will be used		
Number of Documents (Must have a document for eac			_ Total
Payment Enclosed: Check Make checks and	l Money orders payable t	the Secretary o	
Credit Card	(Please provide credit	card information	below)
Visa Master Ca	ard American Exp	ress Disco	ver Card
Visa Master Card Number	ard American Exp	ress Disco	ver Card Expiration Date/
Card Holder	ard American Exp	ress Disco	ver Card Expiration Date/
Visa Master Card Number	ard American Exp	ress Disco	ver Card Expiration Date/
Card Number Card Holder Billing Address City Documents will be returned to (Secretary of State's office is Self-addressed Price)	American Exp	Zip_ USPS unless one uments lost with age with postage	ver Card Expiration Date/ e of the following is provid US postal service)

Please allow five (5) business days for mail time. Walk in service is available from 8:00-4:30 Mon - Fri.