

REQUEST FOR OFFICIAL APOSTILLE

Requestor's Information

First Name: _____ Last Name: _____

Company (If applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Document Information

Country the document will be used in: _____

Type of document: _____

Number of documents to be authenticated: _____

Document return method:

- Self-Addressed Stamped Envelope
- Self-Addressed Prepaid US Postal Priority or Express
- Self-Addressed Prepaid Carrier Label (FedEX, UPS, Lonestar, or DHL)

Special Instructions/Additional Notes: