APOSTILLE/AUTHENTICATION REQUEST INTAKE FORM

CLIENT INFORMATION:
Full Legal Name: _____
Date of Birth: _____ Phone: _____
Email: _____
Current Address: _____
City/State/ZIP: _____

DOCUMENT INFORMATION:
Type of Document: _____
Country of Destination: _____
Number of Documents: _____ Pages per Document: _____

Purpose of Apostille: _____
_____

DOCUMENT ORIGIN:
□ Document was issued in: _____
□ Document is a notarized copy of: _____
□ Document requires notarization first: □ Yes □ No

SERVICE OPTIONS:
□ Standard Processing (5-7 business days)
□ Expedited Processing (2-3 business days) - Additional fee applies
□ Rush Processing (24 hours) - Additional fee applies

SHIPPING/DELIVERY:
□ Pick up in person
□ Standard Mail
□ Priority Mail
□ Overnight/Express Shipping
Shipping Address (if different): _____

FEES:
Document Authentication Fee: $_____
Apostille Fee (per document): $_____
Shipping: $_____
Total Due: $_____

CERTIFICATION:
I certify that the information provided is accurate and complete. I understand that providing false information may result in rejection of my apostille request.

Signature: _____ Date: _____