(All Other	er States: AK, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI,

SOS Apostilles
111 Deerwood Road, Suite 200

Office Use:		

A 1.1	Apostille Request Form					
Address: City:	State:	Zip:				
Phone:	Email:	Zip.				
Country Requestir	g the Apostille? (examp	nples: China, Mexico, or Spain):				
		ease check off the desire service: PS Priority/Express \$19.99 _ FedEx (US) \$45.00				
nternational FedEx: (_S	8105 Mexico, _\$130 We	estern Europe, _\$150 China/S. Korea, _\$160 S. America)				
Personal Account: Fedl	Ex/UPS/DHL/ Acct No:	: Include a self-addressed label & envelope.				
ees* (per documen Birth Certificate: \$30		off the desire services): Certification: \$300 _ Death Certificate: \$300				
Divorce Decree: \$30	0 _ Power of At	Attorney: \$300 _ Notarized Documents: \$300				
Transcripts, Diploma	s: \$300 _ Affidavits	ts: \$300 _ Certificate of Naturalization: \$376				
Medical Signature Ver	ification (MD): \$75	_ Notarized Signature: \$25 _Copies Scans: \$1 x pg #				
ONLY translation, no	apostille services)	_ Translation (discount): \$ 95 X Page # (Apostille service plus translation) Date:				
(Your signatu	re indicates you have read, und	nderstood and agree to all the terms and conditions of service. All Sales are Final)				
M	·	ey Order Payable to SOS Apostilles and mail to: San Ramon SOS Apostilles 11 Deerwood Road, Suite 200				
	11					
		San Ramon, CA 94583				
Payment by credit and debi	t card is added an additional	San Ramon, CA 94583 al 9% to the total amount; I accept the terms and conditions, all sales are final.**				
ard Number:	t card is added an additional	Expiration Date: / CSC:				
ard Number: ame on Card:	t card is added an additional	Expiration Date: / CSC: MM / YY				
ard Number:	t card is added an additional	Expiration Date: / CSC: MM / YY City:				
ard Number: ame on Card: illing Address:	t card is added an additional	Expiration Date: / CSC: MM / YY City: State: Zip:				
ard Number: ame on Card:	By signing belo	Expiration Date: / CSC: MM / YY City:				