



**APPLICATION FOR APOSTILLE OR CERTIFICATION OF DOCUMENTS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Identify the document(s) that you wish to have Apostille/Certification affixed:

\_\_\_\_\_

Specify the Foreign Country: \_\_\_\_\_

State purpose for Apostille/Certification: \_\_\_\_\_

\_\_\_\_\_

Are documents to be picked up at the Registrar's Office (yes or no)?: \_\_\_\_\_

If no, documents to be sent to the following mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Processing fee: \$75.00**

Credit Card Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

3 Digit Card Code: \_\_\_\_\_

Name on Card If Different \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_