ENGLISH - CA

San Diego SOS Apostilles

4225 Executive Square
Suite 600
La Jolla, CA 92037
619-551-3380 | 888-624-7990

Apostille/Certificate of Authentication Request

Please print or type. Submit this form with your documents.

Country Requesting the Apostille?*(Required)*: _____

Requestor's Name: _____

Name of Firm/Organization *(If applicable)*: _____

Address: _____

Number and Street *City* *State/Region* *Zip Code*

Daytime telephone number:_____Email address: _____

Type of Return Mailer Enclosed: *(You must enclose one of the following if documents are to be returned to you by mail.)*

- ○ Pick Up
- ○ USPS Priority/Express $19.99
- ○ FedEx (US) $45.00
- ○ International FedEx (○ $105 Mexico, ○ $130 Western Europe, ○ $150 China/S. Korea, ○ $160 S. America)

For Department Use Only

Transaction # _____ Cash Receipt #_____Date: _____

Fees (Per Document)-(*Please Check off the desire services*)**:**

- ☐ Birth Certificate: $300
- ☐ Marriage Certification: $300
- ☐ Divorce Decree: $300
- ☐ Single Status Affidavit: $300
- ☐ Translation **REGULAR:** $145x Pg
- ☐ Transcripts, Diplomas: $300
- ☐ Power of Attorney: $300
- ☐ Affidavits: $300
- ☐ Notarized Signature: $25 x #___
- ☐ Translation **PLUS**: $125x Pg
- ☐ Death Certificate: $300
- ☐ Notarized Documents: $300
- ☐ Certificate of Naturalization: $375
- ☐ FBI Background Check: $375

Your Signature: _____ Date: _____

(Your signature indicates you have read, understood and agree to all the terms and conditions of service. ALL SALES FINAL)

Make Cashier Check or Money Order Payable to SOS APOSTILLES LLC and mail to:

San Diego SOS Apostilles

Form of Payment Enclosed or Authorized:

Payment with credit and debit cards incurs an additional 9% charge on the total amount. I accept the terms and conditions; all sales are final.

Name as it appears on card:_____ Phone No: _____

Billing Address: _____ City:_____ **State:**_____ Zip Code:_____

Card Number:_____ **Expiration Date:** _____ **CSC:** _____
MM/YY

Total: $ _____

By signing below, the authorized cardholder agrees and authorizes DOWNTOWN LOS ANGELES NOTARY PUBLIC, LLC, to charge their credit card for the total amount indicated on the left. This amount includes the services rendered plus a 9% convenience fee for credit card use. I accept the terms and conditions; all sales are final.

Cardholder's Signature: _____