ApostilleInt.com

# Apostille Request Form

**Please print, fill out and mail this form with order**


**Apostille International**
40-08 Warren St. 2FL Elmhurst, NY 11373
Email: info@apostilleint.com
Tel: 1-844-606-8719


## CONTACT INFORMATION

1. Name: _____ Company: _____
2. Address: _____
   City: _____ State: _____ Zip: _____ Country: _____
3. Home Phone: _____ E-mail: _____ Cell Phone: _____

## REQUESTED SERVICE (Select one)

4. ☐ Standard Service ☐ Express Service ☐ Expedited Service ☐ Emergency Service ☐ Embassy Legalization ☐ Federal

5. **COUNTRY OR EMBASSY OF DESTINATION** _____ (If not applicable leave blank)

6. **TYPE OF DOCUMENT(S)**

| **DOCUMENTS DESPRIPTION** (For example: Birth Certificate, Death Certificate, Power of Attorney, etc.) | | **PRICES** (If unknown leave blank, or call us for a quote) | |
|---|---|---|---|
| a. _____ | e. _____ | $ _____ | $ _____ |
| b. _____ | f. _____ | $ _____ | $ _____ |
| c. _____ | g. _____ | $ _____ | $ _____ |
| d. _____ | h. _____ | $ _____ | $ _____ |

* We'll contact you to confirm this information before proceeding

**SUB-TOTAL:** $ _____

7. **DOCUMENT RETRIEVAL** ☐ YES ☐ NO
   (Do you need us to obatin a document for you)

**DOCUMENT RETRIEVAL FEE:** $ _____
(If not applicable or unknown leave blank, or call us for a quote)

8. **NOTARIZATION SERVICES** (If you don't need this additional service, leave this section blank)
   ☐ Virtual Notary ☐ Mobile Notary to: _____

9. **TRANSLATION** ☐ YES ☐ NO (If you don't need a translation, leave this section blank)
   English → _____ (Your language) **OR** _____ (Your language) → English

**PRICE OF TRANSLATION:** $ _____

10. **SHIPPING**
    ☐ Forward to a different address than the one above ☐ Return to the same address above

**SHIPPING INSIDE USA** $ _____
PRIORITY MAIL $35 / OVERNIGHT MAIL $45

If documents are to be forwarded to a different address, enter information below:

Name: _____ Company: _____
Address: _____
City: _____ State/Province: _____
Zip: _____ Country: _____ Telephone: _____

* (If you want us to return to the same address above, leave this section blank)

**INTERNATIONAL SHIPPING** $ _____
(If not applicable or unknown leave blank, or call us for a quote)

**CREDIT CARD FEE 3.8%** $ _____
(If not applicable leave blank)

**GRAND TOTAL** $ _____

## AGREEMENT & AUTHORIZATION

I fully understand that by signing this Apostille Request Agreement: (1). I agree to pay $25 handling charge for any and all of my returned company's checks: (2). I agree to pay any and all legal and collection fees incurred by Apostille International in the process of collecting past due invoice(s), returned company's checks and/or the previously mentioned past due late charges owed to Apostille International by me; (3). Apostille International is not liable for any and all documents damaged or lost in transit and Apostille International is not liable for documents lost, misplaced or improperly routed by any consular embassy or U.S. local, state or federal government agency.

SIGNED: _____ DATE: ____/____/____

**OFFICE USE ONLY**

Invoice #: _____ 1. Date Sent: _____
Tracking #: _____
2. Return Envelope Courier: _____
Tracking #: _____

3. Form of Payment:
☐ Check# _____
☐ Money Order ☐ Zelle
☐ Credit Card ☐ Western Union

Notes