

(All Other 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, WY)

SOS Apostille

473 E Carnegie Dr., Suite 200
San Bernardino, CA 92408

(866) 580-5858

Apostille Request Form

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Country in which the document will be used - (example: China, Mexico, or Spain):

Return to client – shipping request please check off the desire service:

Pick Up Prepaid Addressed Envelope USPS Priority/Express \$19.99 FedEx (US) \$35.00
International FedEx (\$95 Mexico, \$120 Western Europe, \$130 China/S. Korea, \$150 S. America)
 Personal Account: FedEx/UPS/DHL/ Acct No. _____

Fees* (per document) - (Please Check off the desire services):

Birth Certificate: \$256 Marriage Certification: \$256 Death Certificate: \$256
 Divorce Decree: \$256 Power of Attorney: \$256 Notarized Documents: \$256
 Transcripts, Diplomas: \$256 Translations w/ Apos: \$70 Translations w/Out Apos: \$90

Your Signature: **X** _____ Date: _____

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

Make Check or Money Order Payable to **SOS Apostille Services, LLC** and mail to:

SOS Apostille Services, LLC
473 E Carnegie Dr., Suite 200
San Bernardino, CA 92408

For Payments via Credit / Debit Card (6% credit card fee will be added):

Card Number: _____ Expiration Date: _____ / _____ CSC: _____
Name on Card: _____ MM / YY
Billing Address: _____ City: _____
State: _____ Zip: _____
Phone No: _____ Email: _____

Total Amount to be Charged: \$ _____

By signing below, I the authorized cardholder, agree to and authorize **SOS APOSTILLE SERVICES, LLC** to charge my credit / debit card the amount as indicated in the "Total Amount to be Charged" field for the services to be rendered. An additional 6% credit card processing fee will be added.

Cardholder Signature: _____