

TO COMPLETE THE AUTHENTICATION REQUEST FORM

**THIS IS ONLY FOR INSTRUCTIONAL PURPOSES
DO NOT PRINT FOR SUBMISSION**



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
Phone: (775) 684-5708
Website: www.nvsos.gov

Apostille/Certification Request Form

Applicant of the Request: (Requestor's Printed Full Name and Signature is Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix

1. Enter "Applicant of the Request":

- Enter the Full Name of the individual submitting the request

Document Receiving Authentication:

Country of Intended Use (Required):

2. Enter the "Document Receiving Authentication" information:

- Enter the title or brief description of the type of document being submitted
 - Marriage Certificate, Power of Attorney, Affidavit
- Enter the "Country of Intended Use"
 - Enter the foreign country this document will be used in
 - If you are mailing your documents to a consulate, please enter the country in which that agency operates

Service Time:

USE ONE ORDER FORM PER REQUEST

☐ REGULAR EXPEDITED? ☐ 24-HOUR ☐ 4-HOUR ☐ 2-HOUR ☐ 1-HOUR

Return Delivery: ☐ Hold for Pick Up ☐ Mail to Address PROVIDE SELF-ADDRESS ENVELOPE

3. Select "Service Time" Type and "Return Delivery" Method:

- Check the box of the type of service time requested
 - If no box is checked, regular is considered the default
 - Appointments are **Only** available for **1-Hour** or **2-Hour** Service Time
- Check the box of the Return Delivery type
 - Pick-up in the Las Vegas office is only available for request with expedited services

Return To:

4. Enter "Return To" Information:

- i. Please Enter the Full Name of the individual which the documents are being returned to
- ii. Please Enter the Mailing address of the individual which the documents are being returned to

Contact Information:

Name:

Phone (US):

Email:

Orders which are unable to be processed will be mailed to the address provided unless additional instructions are provided.

5. Enter Complete "Contact Information":

- i. Enter the Name of a contact which can provide more information if required
- ii. Enter the "Phone" number and "Email" address of the contact
 - Our office is unable to call international phone numbers

Additional Instructions:

Payment Method: ☐ Credit Card ☐ Check/Money Order

Total Amount Enclosed (USD):

ALL FEES ARE CHARGED PER APOSTILLE/CERTIFICATION FEES SCHEDULE



6. Enter "Additional Instructions" and "Payment Method":

- i. This space is for any additional information you would like to provide about your request
- ii. Select the type of payment submitted with your request
 - For Credit Card payment, please complete the ePayment Checklist
 - For Check/Money Order payment, pay to is **The Office of the Secretary of State**

PRINT AND SIGN!

I declare under penalty of perjury, that the document(s) for which the authentication is requested will not be used to Harass a person or accomplish any fraudulent, criminal, or other unlawful purpose (NRS 240.1657). Misuse may expose signer to prosecution for a category C felony (NRS 193.130).



PRINT, Then SIGN and DATE this form. DO NOT EMAIL this form

Date:

7. Sign and Date Your Request

- i. After printing, it is required to Sign and Date the request before submitting the request
 - **Failure to Sign your request will result in a REJECTION**

