

Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

John Thurston

501-682-3409 • www.sos.arkansas.gov

Apostille/Certificate of Authentication Request Form

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

Requestor's Name:	Name of	Name of Organization (If applicable):		
Address:				
Return Mail Address (where you would like the documents sent):		I would like to pick up my documents		
Name:				
Street Address or P.O. Box:	City:		State:	ZIP Code:
Daytime telephone number:	Email Addre	ess:		
What country will your documents be us	ed in (not valid for use inside the Unite	ed States)?:		
Fees Calculation (you must choos	e one or the other, not both):			
<i>Apostille:</i> Number of docume	nts:X \$10.00 per documer	nt = Net Total: _		
<i>Certification:</i> Number of docume	nts: X \$5.00 per document	t = Net Total:		
	Fee	Amount Due:		_
Money Order from a U.S. bank (payable to Arkansas Secretary of State)		venience fee will be added
Visa MasterCard	American Express	Discover	<u>to all credit/ deb</u>	it card transactions
Name as it appears on Card:				
Billing Address:	City:	State:	Zip Code:	
Card Number:	CVV#:Expiration:			
Payment Authorization; I authorize the Ar services provided by the Secretary.	kansas Secretary of State to charge my cre	edit/debit card for	the amount due for	the authentication
If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name:			Date:	
Location for Mailed Requests a 1401 W Capitol, Suite 250, Little Rock	Alkal	usas Secretary e 201F, Fayette		