

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 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:		1	Name of Organization (If applicable):				
Address:							
Return Mail Address (I	I wou	ıld like to pick up	my documents		
Name:			'				
Street Address or P.O. Box:		(City:		State:	ZIP Code:	
Daytime telephone number:		Ema	il Address:				
What country will your	documents be used in (n	not valid for use inside t	he United Stat	tes)?:			
Fees Calculation (you must choose one o	or the other, not both):					
<i>Apostille:</i> Nu	mber of documents:	X \$10.00 per c	locument = Ne	et Total: _			
Certification: Number of documents: X \$5.00 per document = Net Total							
Fee Amount Due:						_	
Form of Payment	<u>Enclosed</u>						
Check drawn on	U.S. bank (payable to A	rkansas Secretary of Sto	ıte)				
Money Order fro	m a U.S. bank (payable	e to Arkansas Secretary	of State)				
Visa [MasterCard	American Express		Discover		venience fee will be added out card transactions	
Name as it appears or	n Card: ————						
Billing Address:		City:		State:	Zip Code:		
Card Number:		CVV	#:Ex	xpiration:			
services provided by the	I authorize the Arkansas . Secretary. ee:			•	the amount due for	the authentication	
_	card or debit card is in the						
		name: Date:					
Location for Maile 1401 W Capitol, Suite	d Requests and In- 250, Little Rock, AR 72	Person Deliveries: 2201 or 300 N Colle	Arkansas So ge, Suite 2011	ecretary (F, Fayette	of State ville AR 72701		