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Apostille Authentication Request Form

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All fields REQUIRED unless otherwise specified

(1) NAME OF COUNTRY REQUESTING THIS DOCUMENT:

(2) PERSON PLACING THIS ORDER

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

(3) FEES

THE FEE IS \$15.00 PER DOCUMENT

Number of Documents: _____ X \$15.00 per document = _____

To expedite this order add \$50 to your total + _____

TOTAL PAYMENT ENCLOSED \$ _____ Check: _____ Money Order: _____

PAYABLE TO THE SECRETARY OF STATE

If you have any questions, need assistance, or would like to provide feedback please visit the Apostille and Certificate Program website at www.sos.wa.gov/corps/apostilles/ call 360-725-0377 option 3 or email apostilles@sos.wa.gov