



Arkansas Secretary of State

Mark Martin

1401 W. Capitol, Suite 250, 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.

Country documents will be used in: _____ Number of documents to be authenticated: _____

Requestor's Name: _____

Name of Firm/Organization (If applicable): _____

Address: _____

Daytime telephone number: _____ Email address: _____

Fees Calculation:

Apostille: Number of documents: _____ X \$10.00 per document = Net Total: _____

Certification: Number of documents: _____ X \$5.00 per document = Net Total: _____

Fee Amount Due: _____

Form of Payment Enclosed or Authorized:

Check drawn on U.S. bank (Checks/Money Orders must be payable to Arkansas Secretary of State.)

Note: A 4% convenience fee will be added to all credit/debit card transactions.

Money Order from a U.S. bank

Credit/Debit Card: Visa MasterCard American Express Discover

Name as it appears on Card: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ CVV#: _____ Expiration: _____

Payment Authorization; I authorize the Arkansas Secretary of State to charge my credit/debit card for the amount due for the authentication services provided by the Secretary.

Cardholder's Signature: _____ **Date:** _____

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: _____

Return Mail Address: (Address where you would like the apostille/certificate and documents sent.)

Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Location for Mailed Requests and In-Person Deliveries:

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