

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.

What country will you	r documents be use	d in (<i>not valid f</i>	for use inside th	e United St	tates)?:_		
Requestor's Name:							
Name of Firm/Organiza	ntion (If applicable):			_			
Address:							
Return Mail Address	where you would like	e the documents	s sent):	Г	I wo	uld like to pick up	my documents
Name:				L			
Street Address or P.O. H	Box:		City	/:		State:	ZIP Code:
Daytime telephone num	ber:	Email Addre	SS:				
Fees Calculation	(you must choose of	ne or the other	, not both):				
Apostille: N	umber of documents:	X	\$10.00 per docu	ment = Net	Total:		-
<i>Certification:</i> Number of documents: X \$5.00 per document = Net Total:							
			-				
Form of Payment	Enclosed						
	Lifeloseu						
Check drawn on	U.S. bank (payable i	to Arkansas Sec	retary of State)				
Money Order fro	om a U.S. bank (<i>paya</i>	able to Arkansa.	s Secretary of Si	tate)			
Visa [MasterCard	America	an Express	Di	scover		venience fee will be added bit card transactions
Name as it appears of	on Card:						
Billing Address:			City:	St	ate:	Zip Code:	
Card Number:		CVV#:	Expiration:				
Payment Authorization; services provided by the		as Secretary of St	tate to charge my	credit/debit	card for ti	he amount due for	the authentication
Cardholder's Sign	ature:						
	redit card or debit card r business entity, please				D	ate:	

Location for Mailed Requests and In-Person Deliveries:

Arkansas Secretary of State 1401 W Capitol, Suite 250, Little Rock, AR 72201 or 300 N College, Suite 201F, Fayetteville AR 72701