

## 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 Firm/Orga	nization (If applicable):_			<u> </u>			
Address:							
Return Mail Address (where you would like the documents sent):							
Name:							
Street Address or P.O	O. Box:			City:		State:	ZIP Code:
Daytime telephone r	number:	Email Add	dress:		<u> </u>		
What country will y	our documents be used ir	ı (not valid fo	or use inside the	e United S	States)?:		_
Fees Calculation	on (you must choose or	e or the oth	er, not both):				
Apostille:	Number of documents:		X \$10.00 per do	ocument =	Net Total: _		
Certification:	Number of documents:		X \$5.00 per doo	cument =	Net Total: _		
		Fee Amount Due:			nount Due: _		
Form of Payme	ent Enclosed						
	on U.S. bank (payable to from a U.S. bank (payable)					Note: 4.10/ com	venience fee will be addec
Visa	MasterCard	Amer	ican Express		Discover		it card transactions
Name as it appear	ars on Card:						
Billing Address:			City:		State:	Zip Code:_	
Card Number: _		CVV#:	Expiration	n:			
Payment Authorization services provided by a	on; I authorize the Arkansa the Secretary.	s Secretary of	State to charge	my credit/d	lebit card for t	he amount due for t	he authentication
Cardholder's S	_						
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:							
	ailed Requests and luite 250, Little Rock, AR				s Secretary 01F, Fayette		