



Arkansas Secretary of State

W11031133

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Apostille/Certificate of Authentication Request Form

Submit this form with your documents. Please print or type.

Requestor's Name: _____ Name of Organization (If applicable): _____

Address: _____

Return Mail Address (where you would like the documents sent): _____ I would like to pick up my documents

Name: _____

Street Address or P.O. Box: _____ City: _____ State: _____ ZIP Code: _____

Daytime telephone number: _____ Email Address: _____

What country will your documents be used in (not valid for use inside the United States)?: _____

Fees Calculation (you must choose one or the other, not both):

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

Check drawn on U.S. bank (payable to Arkansas Secretary of State)

Money Order from a U.S. bank (payable to Arkansas Secretary of State)

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

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: _____

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:* _____

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