

Arkansas Secretary of State

Cole Jester

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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):			Π	I would like to pick up my documents		
Name:						
Street Address or P.0	O. Box:		_City:	State:	ZIP Code:	
Daytime telephone n	umber:	En	nail Address:			
What country will y	our documents be used	in (not valid for use inside	e the United States)?:_			
Fees Calculation	on (you must choose c	ne or the other, not both	ı):			
Apostille:	Number of documents	X \$10.00 pe	r document = Net Tota	ıl:	_	
Certification:	Number of documents	: X \$5.00 per	document = Net Total	:		
			Fee Amount Du	e:		
Money Order from a U.S. bank (payable to Arkansas Secreta		s Discove	to all credit/ d	<i>Note: <u>A 4% convenience fee</u> will be added to all credit/ debit card transactions</i>		
		City: CV		_		
services provided by Cardholder's Sign If the name on the cr corporation or other	e the Secretary. nature: redit card or debit card is i r business entity, please prid	nt the signer's name:		Date:		
If the name on the cr corporation or other Location for Ma	redit card or debit card is i • business entity, please pri ailed Requests and	n the name of a	<u>s</u> : Arkansas Secreta	Date:	te	