



Global Apostille
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APOSTILLE/AUTHENTICATION REQUEST FORM

Information about you

Your last name:
First name:
Company name (if you represent a business):

Your address

House Nr. and Street Name: Apt. #
City: State/Province: Zip/Postal Code: Country:
Email address: Telephone:

Shipping details – for requests by mail

(We use FedEx in the U.S. If you indicate a PO Box, then we will use USPS).

Same as the mailing address above? ☐ Yes or ☐ No, then indicate below

Address where to return the documents ☐ Residential ☐ Business

Name of recipient:
House Nr. and Street Name: Apt. #
City: State/Province: Zip/Postal Code:
Country: Telephone:

Check this box if a signature is required to receive the documents. If you don't check, the courier may leave the package at your door (Global Apostille will not be responsible for the documents if left and lost) ☐

Information about your documents

Country where the documents are going to be used:
Document type: Total number of documents:
I am requesting: ☐ Apostille ☐ Authentication ☐ Legalization ☐ Other
Processing type: ☐ Standard processing ☐ Rush processing (add \$100 / per state) * depending of the State
Scan and email copies (optional) This service must be ordered when you placing your order:
☐ Scan Apostille page – free ☐ Email scan of the completed document before return shipping \$20
Cost of shipping to a foreign country: Estimated total cost:

I acknowledge that I provided correct information, I have read and agree to Terms and Conditions on the Global Apostille's website.

Signature:



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Payment Information

Make payments payable to "Global Apostille"

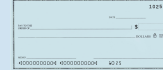
Please choose your payment option:

☐

Money Order

☐

Western Union

☐

Cashier's, Personal
or Business check

☐

PayPal

☐

Bank Transfer
(add \$25)

☐

Credit card

☐

Zelle

Name on the credit card:

If business card, company name:

Credit card number:

CVV

Expiration date (mm/yyyy):

(on your bank statement the charge will appear from Multichoice Group, Inc)

Credit card billing address:

Same as the mailing address above?

☐

Yes

or

☐

No, then indicate address below

House Nr. and Street Name:

City:

State:

Zip/Postal Code

Email address:

Telephone:

I,

(your name), hereby authorize

Global Apostille to charge my account in the amount of \$ to process apostille
and/or authentication requests for my documents.

I understand that this payment is non-refundable. The refund will only be issued if Global Apostille is unable to obtain
an apostille or if I cancel my request in writing (by fax or email) before Global Apostille begins processing my documents.

Signature of person authorizing payment:

Date: (mm/dd/yyyy)

Mail to the address at the top of the form

1. This completed Apostille/Authentication Request Form
2. Letter of Authorization for Embassy/Consulate Legalization (we will provide if applicable)
3. Original document(s)
4. Photocopy of the applicant's passport or a U.S. driver's license
5. Payment made payable to "Global Apostille"