APOSTILLE REQUEST FORM EXAMPLE

		HENTICATION REQUI		
Sender's Name: Company's Name: Address:		ne pany or agency you n ess you need your Di		mailed to
Daytime telephone no Email address:		r Telephone Number r Email Address		
Country in which doc	cuments will be	e used:		
Number of document		x \$10.00 (adoptions) =	•	Total due
Number of document	ts:1	_ x \$20.00 (all others) =	\$20	Total due
**If you need both	your Diploma	a and Transcript Apostille, inc	dicate 2 documents and	\$40.
Make payable to: Se	ecretary of Star	te Check	Money Order	
Visa Mastercard American Expr		t card number: **State ation date:	Fee/Credit Card Users \$5	5.00
Visa Mastercard American Expr	ress Expira le highly sug	**State	ard information on the	form. This will
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SEND COMPLETED FORM WITH PAYMENT AND ALL DOCUMENTS TO:

Secretary of State Commissions Division 8585 Archives Ave. Baton Rouge, LA 70809