

Apostille/Certification Request Form

401 North Carson Street, Carson City, NV 89701-4201 | 775-684-5708

Note: If your order cannot be processed, it will be returned to the address provided unless you include other mailing instructions.

Instructions

1. Requester information

Enter your full name. Sign and date the form. By signing, you confirm that any documents you submit will not be used to harass anyone, or for fraudulent or unlawful purpose. You also acknowledge that misusing this information is a Category C felony under NRS 193.130 and NRS 240.1657.

2. Document type

Enter the type of document that is being requested.

3. Country where the document will be used (Required)

Enter the country that where this document will be used. Do not enter the United States or U.S. territories (e.g. Guam, Puerto Rico).

4. Service time requested

Select your desired service time. Choose from:

- Regular
- Expedited
- 24-hour
- 4-hour
- 2-hour
- 1-hour

You will need to pay the expedite fees for expedite requests. See the fee schedule for more information. **Expedited Service only covers the processing time of your filing and not the return.** Once complete, you may pick up your documents in person from our office or have them mailed by providing a pre-paid envelope with your request.

5. Return delivery method

Select the return delivery method you want.

Choose from:

- Hold for Pickup
- Mail to address below (See #6)
- Select the box if you include a self-addressed envelope or pre-paid courier service envelope

6. Return mailing address

Enter your return mailing address if you select "Mail to address below" .

7. Contact information

Enter your name, phone number, and email.

8. Additional instructions

Enter any additional instructions you have.

9. Payment information

Select from the following payment options:

- Credit card
- Check or money order

If you are paying with a check or money order, include the total amount due with your submission of this form.

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USE ONE ORDER FORM PER REQUEST.

Requestor Information (Printed Full Name and Signature Required)

First Name	Middle Name	Last Name	Suffix

I declare under penalty of perjury that the documents submitted for authentication will not be used to Harass anyone or for any fraudulent, criminal, or unlawful purpose. Misuse may result in prosecution for a category C felony under NRS 193.130 and NRS 240.1657.

Signature: _____ Date: _____

Document Title or Type**Country Where the Document Will Be Used** (Required)**Service Time Requested** (Check one)

☐ REGULAR EXPEDITED? ☐ 24-HOUR ☐ 4-HOUR ☐ 2-HOUR ☐ 1-HOUR

Return Delivery Method: ☐ Hold for Pick-Up ☐ Mail to the Address Below ☐ Include a self-addressed envelope

Return Mailing Address:

Name
Street Address
City, State, ZIP

Contact Information:

Name
Phone (U.S.)

Email

Additional Instructions:**Payment Information:**

☐ Credit Card ☐ Check or Money Order

Total Amount Enclosed (USD): \$

ALL FEES ARE CHARGED PER APOSTILLE/CERTIFICATION. SEE THE [FEE SCHEDULE](#) FOR DETAILS.