



PAUL D. PATE
Secretary of State
State of Iowa

APOSTILLE OR CERTIFICATION REQUEST FORM

WALK-IN ORDERS ARE ONLY ACCEPTED BETWEEN 8:00AM AND 3:30PM, MONDAY THROUGH FRIDAY.

Important Note: A copy of the document to be apostilled or certified must accompany this completed form. All information below is required. Handwritten requests must be in block-printed letters.

1. The name and address of the person associated with the document to be certified (a separate form is required for each name used.)

Name: _____ Daytime Telephone Number: (_____) _____

Address: _____
(House Number) (Street Name) (Apt., STE., Lot) (City) (State) (Zip/Postal Code)

Address: _____
(Country as Written in English) (County/Province)

Email Address: _____

Number of certificates being requested: _____ ***NOTE:** you must provide this many copies of the document(s).

This order will be mailed via the United States Postal Service to the party named in #1. If an alternate address is to be used, use the space provided below to note the alternate mailing instructions. If an expedited service is requested (i.e. FedEx), a prepaid shipping label must be provided before the order will be shipped.

Alternate Mailing Instructions

Cost: \$5.00 per apostille or certification: check, Visa, Discover, and MasterCard accepted. Do not mail cash. Make checks payable to Iowa Secretary of State. If paying by credit card, provide all of the following information and authorization for the payment below.

Visa American Express

MasterCard Discover

Credit Card Number: _____

Cardholder's name (as it appears on the card) _____

Expiration Date: _____ / _____ (MM/YY) Cardholder's daytime telephone number: (_____) _____

Cardholder's Address: _____
(House Number) (Street Name) (Apt., STE., Lot) (City) (State) (Zip)

Payment Authorization: I authorize the Office of the Iowa Secretary of State to charge my credit/debit card the amount of fees due.

Cardholder's Signature: _____

Secretary of State
 Business Services Division
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