

## APOSTILLE OR CERTIFICATION REQUEST FORM

**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.

me:	Daytime Telephone Number: ()		
dress: (House Number) (Street Name)			
(House Number) (Street Name)	(Apt., STE., Lot) (City)	(State)	(Zip/Postal Code)
Country as Written in English)	(Cour	nty/Province)	
(Country as written in English)	(Cour	nyr-rovince)	
ail Address:			
ne of Foreign Country Prepared For:			
mber of certificates being requested:	*NOTE: you must provide this many co	opies of the document(s).	
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s order will be mailed via the United States Postal S			
alternate mailing instructions. If an expedited servi ernate Mailing Instructions  st: \$5.00 per apostille or certification: check, Visa, D	ice is requested (i.e. FedEx), a prepaid shippi	ng label must be provided be	efore the order will be shippe
alternate mailing instructions. If an expedited serving the mailing instructions  t: \$5.00 per apostille or certification: check, Visa, D	ice is requested (i.e. FedEx), a prepaid shippi	ng label must be provided be nail cash. Make checks paya	efore the order will be shipped
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Secretary of State Business Services Division Lucas Building, 1st Floor Des Moines, Iowa 50319

Phone: (515) 281- 5204 Fax:(515) 242-5953 Website: sos.iowa.gov