Apostille Request Form



Ezra Apostille & Notary

PLEASE PRINT CLEARLY

| PERSONAL INFORMATION | |
|--|--|
| | Date: |
| Last Name First Nan | |
| Company (Businesses): | |
| Phone: Email: | |
| Address: | |
| City: | State: Zip |
| Country: | |
| SHIPPING INFORMATION | |
| Receiving Address: Same as above Residential Commercial Sign | gnature required? |
| Name of Recipient: | Phone: |
| Address: | |
| Address: | State: Zip: |
| Country: | |
| DOCUMENT INFORMATIO |)N |
| | (country requesting documents, not U.S.A.) |
| Required or Apostilles will be rejected by all Competent A | |
| Total Number of Documents: | |
| Type of Document: | State: |
| ☐ State Apostille ☐ Federal Authentication ☐ Embassy Legalization | ☐ Translation Needed |
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| ☐ State Apostille ☐ Federal Authentication ☐ Embassy Legalization | ☐ Translation Needed |
| Type of Document: | State: |
| ☐ State Apostille ☐ Federal Authentication ☐ Embassy Legalization | |
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| ☐ State Apostille ☐ Federal Authentication ☐ Embassy Legalization | |
| Type of Document: | State: |
| ☐ State Apostille ☐ Federal Authentication ☐ Embassy Legalization | |
| l authorize these documents to be processed based on the information given above. I fully understand tha will begin processing my documents. Ezra Apostille & Notary is not liable for documents lost, misplaced, or or federal government agency. | |

Signed:

Printed Name: