

Apostille Request Form



Ezra Apostille & Notary

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Name: _____ Date: _____
Last Name *First Name*

Company (Businesses): _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip _____

Country: _____

SHIPPING INFORMATION

Are the documents to be returned to address above or forwarded to a different address? Returned Forwarded

Address receiving completed documents? Residential Commercial Signature required? Yes No

Name of Recipient: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

DOCUMENT INFORMATION

COUNTRY OF DESTINATION: _____

Total Number of Documents: _____

Type of Document: _____ Certification Date: _____

State Apostille Federal Authentication Embassy Legalization Translation Needed

Type of Document: _____ Certification Date: _____

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