

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

Receiving Address: Same as above Residential Commercial Signature required? Yes No

Name of Recipient: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

DOCUMENT INFORMATION

COUNTRY OF DESTINATION: _____ (country requesting documents, not U.S.A.)
Required or Apostilles will be rejected by all Competent Authorities issuing Apostilles

Total Number of Documents: _____

Type of Document: _____ State: _____

State Apostille Federal Authentication Embassy Legalization Translation Needed

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I authorize these documents to be processed based on the information given above. I fully understand that full payment must be received before Ezra Apostille & Notary will begin processing my documents. Ezra Apostille & Notary is not liable for documents lost, misplaced, or improperly routed by any consular embassy or U.S. local, state or federal government agency.

Printed Name: _____ **Signed:** _____ **Date:** _____