Certified Translation Request Form



Ezra Apostille & Notary

PLEASE PRINT CLEARLY

PERSONAL INFORMATION								
Name:							Date:	
	Last Name				First Name			
Company (Businesses):							
Phone:	<mark>E</mark>	MAIL:						
Address: _								
City:					State: _		Zip:	
Country:								
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			TRANSLATION	INFOR	MATION			
Dloaco trar	nslate my documents i	the fo	llowing LANGUAGE:					
☐ Yes	s, I have counted the w	ords on	my documents and I	underst	and the cost for this Tra	anslati	on Service.	
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✓	Bengali	\checkmark	Georgian	\checkmark	Maltese	\checkmark	Swedish	
✓	Bosnian	\checkmark	Greek	\checkmark	Marathi	\checkmark	Tagalog	
✓	Bulgarian	✓	Gujrati	✓	Nepali	\checkmark	Tamil	
✓	Burmese	✓	Hebrew	✓	Norwegian	✓	Thai	
✓	Catalan	✓	Hungarian		Persian	√	Turkish	
✓	Chinese (Simplified)		Indian English		Polish	√	Ukrainian	
√	Chinese (Tradition)	✓	Indonesian	√	Portuguese (Brazil)	✓	Urdu	
✓	Creole	✓	Italian	✓	Portuguese (Portugal)	✓	Uzbek	
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Difficult to read documents cannot be translated.