



Request for Apostille/Authentication

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Fax: (503) 986-2300

All Sections Must Be Completed

Time Sensitive documents - We highly recommend the use of expedited shipping through Federal Express or UPS for time sensitive and valuable documents requiring an authentication or apostille. Other forms of mail, including U.S. Postal Service "Express or Priority Mail" **DO NOT** get delivered directly to our office for expedited processing and could result in a delay and/or loss of your original documents.

Do not send photocopies. Documents must be original or they can't be processed.

What country are these documents being authenticated for? _____

Type of document(s) and names listed on the document(s). _____

If documents are not enclosed, where will they be mailed from? VitalChek®, (Oregon Vital Records)
Other Office _____

REQUESTER INFORMATION:

Name: _____

Area Code and Phone Number: _____ Email Address: _____

MAIL DOCUMENTS TO:

Name: _____

Mailing Address: (Street Address or PO Box) _____ (City, State) _____ (Zip Code) _____

DELIVERY: Choose Delivery Option(s)

- Pick up in person.
- Mail in a large sized envelope to above address to avoid damage. A self-addressed, stamped envelope should be provided by customer.
- FedEx (www.fedex.com) or UPS (www.ups.com) overnight/express service delivery. A prepaid, pre-printed label is enclosed.

If a **prepaid, pre-printed label** from FedEx, UPS or DHL is not provided, **the documents will be sent via regular mail**. Receipt of your documents may be at risk due to the reliability of the destination country's postal system. International Apostille customers may want to consider alternative mailing arrangements if FEDEX, UPS or DHL are not available. **NOTE: A credit card or account number is NOT sufficient for overnight/express service.**

METHOD OF PAYMENT: Required \$10.00 Fee Per Document.

Check/Money order is included. (Make payable to Corporation Division.)

MasterCard VISA Discover

CREDIT CARD NUMBER:

American Express

CREDIT CARD NUMBER:

Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____