



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
Phone: (775) 684-5708
Website: www.nvsos.gov

Apostille/Certification Fees and Instructions

Apostille/Certification Instructions

- Complete the Entire Form for each Request (**UNSIGNED REQUEST WILL BE REJECTED**)
- Apostille/Certifications are for documents intended to be used in Foreign Countries
(**IF SENDING DOCUMENT TO A CONSULATE, ENTER THE COUNTRY OF THE CONSULATE**)
- Apostille/Certifications Request will not be processed if a Foreign Country is not Entered
- Orders which are not retrieved in person will be mailed to the address provided
(**UNLESS ADDITIONAL INSTRUCTIONS ARE INCLUDED**)
- The Secretary of State Office is not responsible for mailed documents or the length of time for delivery once they have been submitted to the postal service provider

Apostille/Certification Fees Schedule

Apostille/Certification Time		Apostille/Certification Fee	
4 Weeks		\$20.00 for each Apostille/Certification	
Expedited Service Available			
Expedite Fees are in addition to the Apostille/Certification Fees			
Regular	\$20.00 for each Apostille / Certification		
24-Hour Expedite	\$75.00 for each name Authenticated (+\$20.00 Regular Fee)		
4-Hour Expedite	\$125.00 for each name Authenticated (+\$20.00 Regular Fee)		
2-Hour Expedite	\$500.00 for each name Authenticated (+\$20.00 Regular Fee)		
1-Hour Expedite	\$1000.00 for each name Authenticated (+\$20.00 Regular Fee)		
Example: One (1) Certified Copy of a Marriage Record (\$20.00): \$20.00			
Added 24 Hour Expedite fee (\$75.00) : <u>\$75.00</u>			
Total Cost of Order : \$95.00			

Please Note:

For Expedite Services, the period begins when the request is received in the Secretary of State's office in a fileable form. The Secretary of State reserves the right to extend the expedite period in the event a signature cannot be verified, during times of extreme volume, staff shortages, or equipment malfunction.

For More Information: <https://www.nvsos.gov/sos/businesses/apostille>



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Apostille/Certification Request Form

Submitter of the Request: (Requestor's Printed Full Name and Signature is Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix

I declare under penalty of perjury, that the document(s) for which the authentication is requested will not be used to Harass a person or accomplish any fraudulent, criminal, or other unlawful purpose (NRS 240.1657). Misuse may expose signer to prosecution for a category C felony (NRS 193.130).

X

Date:

Contact Information:

Telephone:

Email:

USE ONE ORDER FORM PER REQUEST

Document Being Submitted:

Country Document Will Be Used In:

Service Time:

REGULAR

EXPEDITED?

24-HOUR

4- HOUR

2-HOUR

1-HOUR

Return Delivery:

☐

Hold for Pick Up

Mail to Address

PROVIDED SELF-ADDRESS ENVELOPE

Mail To:

Orders which are not retrieved in person will be mailed to the address provided unless additional instructions are included.

Additional Instructions:

Payment Method:

☐

Credit Card

☐

Check/Money Order

Submitter Account Credit

Amount Enclosed (USD):

ALL FEES ARE CHARGED PER APOSTILLE/CERTIFICATION FEES SCHEDULE



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.