



# Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

## John Thurston

501-682-3409 • www.sos.arkansas.gov

### Apostille/Certificate of Authentication Request Form

*Submit this form with your documents. Please print or type.*

Country documents will be used in: \_\_\_\_\_ Number of documents to be authenticated: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Name of Firm/Organization (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### **Fees Calculation:**

**Apostille:** Number of documents: \_\_\_\_\_ X \$10.00 per document = Net Total: \_\_\_\_\_

**Certification:** Number of documents: \_\_\_\_\_ X \$5.00 per document = Net Total: \_\_\_\_\_

Fee Amount Due: \_\_\_\_\_

#### **Form of Payment Enclosed or Authorized:**

**Check drawn on U.S. bank** (Checks/Money Orders must be payable to Arkansas Secretary of State.)

**Note: A 4% convenience fee will be added to all credit/debit card transactions.**

**Money Order from a U.S. bank**

**Credit/Debit Card:**

Visa

MasterCard

American Express

Discover

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV#: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Payment Authorization; I authorize the Arkansas Secretary of State to charge my credit/debit card for the amount due for the authentication services provided by the Secretary.**

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name:* \_\_\_\_\_

#### **Return Mail Address:** (Address where you would like the apostille/certificate and documents sent.)

Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

#### **Location for Mailed Requests and In-Person Deliveries:**

**Arkansas Secretary of State  
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Little Rock, AR 72201**