

# San Jose SOS Apostilles (CA)

111 North Market Street, Suite 300  
San Jose, CA 95113  
888-706-9696

Office Use:

## Apostille Request Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Country Requesting the Apostille? (examples: China, Mexico, or Spain):**

### **Return to client – shipping request please check off the desire service:**

Pick Up  Prepaid Addressed Envelope  USPS Priority/Express \$19.99  FedEx **(US)** \$45.00

**International FedEx:** ( \$105 Mexico,  \$130 Western Europe,  \$150 China/S. Korea,  \$160 S. America)

Personal Account: FedEx/UPS/DHL/ Acct No: **include a self-addressed label & envelope.**

### **Fees\* (per document) - (Please Check off the desire services):**

Birth Certificate: \$206       Marriage Certification: \$206       Death Certificate: \$206  
 Divorce Decree: \$276       Power of Attorney: \$276       Notarized Documents: \$276  
Transcripts, Diplomas: \$276       Affidavits: \$276       Certificate of Naturalization: **\$376**  
 Medical Signature Verification (MD): \$75       Notarized Signature: \$25       Copies | Scans: \$1 x pg # \_\_\_\_  
 Regular Translation \$ 120 X Page # \_\_\_\_       Translation (discount): \$ 95 X Page # \_\_\_\_  
(ONLY translation, NO apostille services)      (Apostille service plus translation)

**Your Signature: X \_\_\_\_\_ Date: \_\_\_\_\_**  
(Your signature indicates you have read, understood and agree to all the terms and conditions of service, All Sales are final)

Make Check or Money Order Payable to **SOS Apostilles** and mail to:

**San Jose SOS Apostilles**  
111 North Market Street, Suite 300  
San Jose, CA 95113

**\*\*Payment by credit and debit card is added an additional 9% to the total amount; I accept the terms and conditions, All sales are final.\*\***

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CSC: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ MM / YY  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Total: \$

By signing below, the authorized cardholder accepts and authorizes DOWNTOWN LOS ANGELES APOSTILLES, LLC, to charge your credit card the total amount indicated on the left, that amount will be charged for the services provided plus an additional charge for convenience of using the 9% credit card. I accept the terms and conditions, all sales are final.

Card holder Signature: \_\_\_\_\_