



PAUL D. PATE
Secretary of State
State of Iowa

APOSTILLE OR CERTIFICATION REQUEST FORM

Important Note: A copy of the document to be apostilled or certified must accompany this completed form. All information below is required. Handwritten requests must be in print.

1. The name and address of the person as it is to appear on the apostille or certification (separate forms are required for each name used).

Name: _____ Daytime Telephone Number: (_____) _____

Address: _____
(House Number) (Street Name) (Apt., STE., Lot) (City) (State) (Zip)

Name of Country Prepared For: _____

2. Notarization and order information:

Name and commission number of Iowa notary OR name of authorized Iowa state or county official who issued the certified copy.	Name of county, and official title of the authorized Iowa state or county official when applicable.	Date document(s) notarized/issued.	Number of certificates being requested.
<i>Example: Jane Smith #123456</i>	<i>Not applicable</i>	<i>June 15, 2011</i>	<i>4</i>

This order will be mailed via the United States Postal Service to the party named in #1. If an alternate address is to be used, use the space provided below to note the alternate mailing instructions. If an expedited service is requested (i.e. FedEx) payment for the service must be provided before the order will be shipped.

Alternate Mailing Instructions

Cost: \$5.00 per apostille or certification: check, Visa, Discover, and MasterCard accepted. Do not mail cash. Make checks payable to Iowa Secretary of State. If paying by credit card, provide all of the following information and authorization for the payment below.

Visa MasterCard Discover Credit Card Number: _____

Cardholder's name (as it appears on the card) _____

Expiration Date: _____ / _____ (MM/YY) Cardholder's daytime telephone number: (_____) _____

Cardholder's Address: _____
(House Number) (Street Name) (Apt., STE., Lot) (City) (State) (Zip)

Payment Authorization: I authorize the Office of the Iowa Secretary of State to charge my credit/debit card the amount of fees due.

Cardholder's Signature: _____

Secretary of State
 Business Services Division
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