



## Request for Authentication

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - 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.

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? \_\_\_\_\_

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

### 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 to above address. A self-addressed, stamped envelope should be provided by customer.
- FedEx or UPS overnight/express service delivery. A prepaid airbill is enclosed.

If a prepaid airbill 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.

- MasterCard  VISA  Discover

CREDIT CARD NUMBER: \_\_\_\_\_

- American Express

CREDIT CARD NUMBER: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_