



**MAIL YOUR DOCUMENTS TO:**  
 APOSTILLE NEAR ME  
 10620 TREENA STREET  
 ATTN: FRANK  
 SUITE 230  
 SAN DIEGO, CA 92131  
 E-mail Tracking Number To:  
 support@apostillenearme.com

## Fee Schedule

<p><b>Apostille/Certification</b>          From the time we receive your order by mail. It will take up to approximately Up to 10 business days.</p>	<p><b>\$221</b> for the 1<sup>st</sup> apostille          Additional apostille: <b>\$133.00</b>  <b>Regular Service</b></p>
<p><b>Expedited Service Available</b>          Expedite Fees Are In Addition To The Standard Apostille/Certification Fee. Your Request must be made by phone before 12:00 PM PST because we will provide you with a different ship to address: <b>1-800- 889-7850</b></p>	<p><b>120</b> Hour Expedite - <b>\$200.00</b>  <b>72</b> Hour Expedite - <b>\$500.00</b>  <b>24</b> Hour *only San Diego, Los Angeles, Sacramento - <b>\$1000.00</b></p>

**Please note:** For Expedite Service, the period begins when filing or service request is received in your Competent Authority’s office in a fileable form. Your state Competent Authority reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

Applicant Signature Instructions: *Include your full first and last name and your original signature.*

**I declare under penalty of perjury, that the document for which the authentication or certification is requested will not be used to:**

- (1) **Harass a person; or (2) Accomplish any fraudulent, criminal or other unlawful purpose. Misuse may expose signer to prosecution for a category felony.**

X \_\_\_\_\_  
 Applicant Signature

Date \_\_\_\_\_  
 Month/Day/Year

Print Complete LEGAL Name of Applicant:

**Disclaimer:** Apostille Near ME is not a Government Office, affiliated with the Department of State in Washington, DC nor with any Secretary of States, local or state government agency. **However, we are listed with the Secretary of State of California as an approved business provider for all Apostille needs.** The office of your designated Competent Authority is the main office that issues Apostille and Authentication for documents to be used oversea. We are not a law firm or a substitute for an attorney or law firm? Please be advised that an Apostille Certificate can be done by yourself as long as you go to your designated Competent Authority and follow their instructions to obtain your certificates. For legal advice or instructions, please contact an international attorney. By your signature above you are confirming that you have read and agreed to the disclaimer written by Apostille Near Me.



**Service Requested:**

All fees are charged per **Apostille/Certification Fees** schedule

- Regular     **24-Hour Expedite (Only: San Diego, Los Angeles, and Sacramento)**  
 **120 Hour Expedite**     **72 Hour Expedite**

SUBMIT THIS COMPLETED FORM WITH YOUR REQUEST

USE BLUE INK ONLY – DO NOT HIGHLIGHT

Date:  Type of document presented for certification:

Return To:

Address:

**Return Delivery** (mark one):

- Hold for Pick Up     Mail to Address Above (Please provide a self-addressed envelope)

**Contact Person Information:**

Name:

Email:

Phone:

(United States phone number only)

**Name of Country in which the Document will be used:**

**Notes and Special Instructions\*:**

\*PLEASE NOTE: If the document is not processed, it will be mailed to the address above unless special instructions are provided

**Method of Payment:**     Check/Money Order     Credit Card

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Total Amount Enclosed USD \$:

Card Type: (Mark one box)

VISA     MasterCard     Discover     American Express

Customer Credit Card Number:

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\*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

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Expiration Date:      Month       Year

Amount: USD\$

Subject Name/Order Reference:

Cardholder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization: I authorize the Apostille Near Me to bill an amount not to exceed the following to be charged to the above listed account:

Card Holder Signature X \_\_\_\_\_ Amount Not to Exceed USD \$

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