



OFFICE OF THE LIEUTENANT GOVERNOR
NOTARY DIVISION

5049 Kongens Gade • Charlotte Amalie, Virgin Islands 00802 • 340.774.2991 ext 4120



Request Form for Apostille or Certificate of Authentication

Person Requesting Service:		
First Name:	Last Name:	Date:
Names listed on the Document		
First Name:	Last Name:	
Name of Firm or Organization:		
Type of Document:		Country it will be used in:
<input type="radio"/> Apostille	<input type="radio"/> Certificate of Authentication	<input type="radio"/> Notary Verification
Mailing Address:		
City:	State:	Zip:
Daytime Telephone Number:		Email:
Person Picking up Document(s): (other than client)		Telephone Number:

FORM OF PAYMENT:

Please make check or money order payable to: **Government of the Virgin Islands**

Number of Documents to be Authenticated/Apostille: _____ x \$ **25.00** per document = Total \$ _____

Money Order No. _____ Check No. _____

Delivery Method: (Please indicate what type of packaging was provided for returned mail)

- Self-addressed carrier label; (FedEx, UPS, or DHL) Self-addressed USPS Express Envelope with Postage
- Self-addressed USPS Postal Priority with Postage Self-Addressed Stamped Regular Envelope
- Self-addressed, First-Class Envelope with Postage (Insured or Delivery Confirmation)

RECEIPT OF DOCUMENTS:

I have reviewed the requested document(s) in its entirety and verify that the names and dates contained therein are accurate.

Print Name

Signature

Date