



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

Fee \$ 25.00

<b>Person Requesting Service:</b>		
First Name:	Last Name:	Date:
<b>Names listed on the Document</b>		
First Name:	Last Name:	
<b>Name of Firm or Organization:</b>		
<b>Type of Document:</b>		<b>Country it will be used in:</b>
<input type="radio"/> Apostille	<input type="radio"/> Certificate of Authentication	<input type="radio"/> Notary Verification
<b>Mailing Address:</b>		
City:	State:	Zip:
<b>Daytime Telephone Number:</b>		<b>Email:</b>
<b>Person Picking up Document(s):</b> (other than client)		<b>Telephone Number:</b>
<b>FORM OF PAYMENT:</b>		
Please make check or money order payable to: <b>Government of the Virgin Islands</b>		
Number of Documents to be Authenticated/Apostille: ___ x \$ 25.00 per document = Total \$ _____		
Money Order No. _____ Check Number No. _____		
<b>Delivery Method:</b> (Please indicate what type of packaging was provided for returned mail)		
<input type="radio"/> Self-addressed carrier label; (FedEx, UPS, or DHL) <input type="radio"/> Self-addressed USPS Express Envelope with Postage <input type="radio"/> Self-addressed USPS Postal Priority with Postage <input type="radio"/> Self-Addressed Stamped Regular Envelope <input type="radio"/> 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