### Request Form for Apostille or Certificate of Authentication

**Fee $25.00**

<table>
<thead>
<tr>
<th>Person Requesting Service:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
</tbody>
</table>

**Names listed on the Document**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

**Name of Firm or Organization:**

**Type of Document:**

- **Country it will be used in:**
  - **Apostille**
  - **Certificate of Authentication**
  - **Notary Verification**

**Mailing Address:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**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 Number 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