

Print Name

OFFICE OF THE LIEUTENANT GOVERNOR NOTARY DIVISION



Date

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

Request Form for Apostille or Certificate of Authentication

Fee \$ 25.00

Applicants must provide a co	py of a valid photo identification with this applicati	on 5-7 Business Days
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:	The country in which it will be used:	
Apostille	Certificate of Authentication	Notary Verification
Mailing Address:		
City:	State:	Zip:
Daytime Telephone Number:	ytime Telephone Number: Email:	
Person Picking up Document(s): 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 \$		
oney Order No Check Number No Credit Card		
Delivery Method: (Please indicate what type of packaging was provided for returned mail)		
Self-addressed carrier laboral All mailing transactions re	el; (FedEx , UPS , or DHL) equire a tracking number.	SASE, Self-Addressed Stamped Envelope Put Your Address on this envelope
Self-addressed USPS; (Po All mailing transactions re	<u> </u>	Put Our Address Onthis envelope (Seal It and Send It)
3-5 Business Days RUSH FEE ADD \$ 50.00 Rush shipping is not offered for transactions and mailings beyond the Virgin Islands.		
RECEIPT OF DOCUMENTS: I have reviewed the requested document(s) in its entirety and verify that the names and dates contained therein are accurate.		

Signature