



Elite Live Scan Fingerprinting Services
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 www.elitelivescanfingerprinting.com

Authentication Certificate (Apostille) Request Form

1. Type of document(s)	
Type of Document	
Type of Document	
Type of Document	
Type of Document	
2. Foreign Country in which document(s) will be used	
Name of Foreign Country (Cannot be United States)	

3. Requestor Information:			
Requestor's First Name	Requestor's Last Name	Email Address	
Address (include street, box, or suite number)		City	State
Phone Number (include area code)	Requestor's Signature		Date

4. Other Information				
Number of Documents	Need Notarization Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many need to be notarized _____	Need Document Translation <input type="checkbox"/> Yes <input type="checkbox"/> No	Translate from _____ To _____

5. Type of Service	6. I will...	7. Return my Document by
<input type="checkbox"/> Standard Processing <input type="checkbox"/> Expedited Processing	<input type="checkbox"/> Mail my original documents*. <input type="checkbox"/> Arrange a pickup of my documents. <i>*Please mail your original documents to: Elite Live Scan Fingerprinting Services ATTN: Apostille Services PO Box 4522 La Puente, CA 91747</i>	<input type="checkbox"/> USPS Priority <input type="checkbox"/> USPS Overnight <input type="checkbox"/> FedEx <input type="checkbox"/> I will Pick it up.

For Office Use Only!		
1 st Document Cost \$ _____	Additional Document Cost \$ _____	Return Shipping Method _____
Return Shipping Cost \$ _____	Authentication Shipping Cost \$ _____	Type of Service _____
Notarization Cost \$ _____	Translation Cost \$ _____	Mobile Services Fees \$ _____
Quote for Services \$ _____		

Disclaimer: Elite Live Scan Fingerprinting Services will not be held liable for 3rd party courier failures (i.e., lost packages, missed ETA's). However, we will cover the shipping cost if you decide to redo the process by paying for admin and Government fees. You sign this document in agreement to this statement.