

REQUEST FOR APOSTILLE/NOTARY CERTIFICATION
INFORMATION PROVIDED BY REQUESTING PARTY

PLEASE PRINT

NAME: _____

ADDRESS: _____

DAYTIME PHONE (with area code): _____

IF NECESSARY, INTERPRETER'S NAME AND PHONE NUMBER (with area code):

NEEDED FOR WHICH COUNTRY: _____
(example: Mexico, Vietnam, etc.)

DATE CERTIFIED COPY ISSUED: _____

NAME ON CERTIFIED COPY: _____

COUNTY NAME WHERE CERTIFIED COPY PURCHASED: _____

APOSTILLE(S) OR CERTIFICATION OF: _____

NAME ON CREDIT CARD (if different than requestor): _____

CREDIT CARD # (VISA OR MASTERCARD): _____

CREDIT CARD EXPIRATION DATE: _____

PLEASE MAIL \$5.00 TO: SECRETARY OF STATE'S OFFICE
 LUCAS STATE OFFICE BUILDING
 321 EAST 12TH STREET
 DES MOINES, IA 50319

ANY QUESTIONS, PLEASE CALL SECRETARY OF STATE'S OFFICE AT 515-281-5204

DATE RECEIVED BY SOS _____

*The person receiving the Apostille back in the mail from the Secretary of State's Office should then attach it to the certified certificate before they send/deliver it to the country requesting it.