## **APOSTILLE CLIENT INTAKE FORM**

DATE: **CLIENT INFORMATION:** Full Name: Phone: Email: Address: City: Zip: State: Country of Destination: **DOCUMENT DETAILS:** What type of document(s) do you need apostilled? Which state(s) do your document(s) originate from? Are your documents original (issued by the official agency)? Yes No Are your documents certified copies (issued and stamped/signed by the official agency)? Yes No Have the documents already been notarized? Yes No If not, do they require notarization? Yes No PROCESSING NEEDS: When is the document target date? Do your documents require translation? Yes No If so, to which language? Do you want us to mail these documents to the country of destination for you? No Yes If yes, what is the shipping address? **SPECIAL REQUESTS & NOTES: FEE AGREEMENT: Special requests:** ITEM DESCRIPTION **AMOUNT** \$ \$ \$ \$ **Notes:** \$ Subtotal \$ Tax Rate **Total Cost** \$ TRACKING & LEGAL DISCLAIMER: Tracking Number: Acknowledgment & Terms: By signing, I confirm the documents provided are genuine original/certified copies and accurate to my knowledge. I understand the service role is solely to process these documents in a timely manner. I acknowledge that delays from government or third-party carriers, which may incur extra costs, are not the responsibility of this service. Prices may change without notice due to market conditions. Documents shipped on my behalf are not the responsibility of this service once out of their purview. This service will provide a tracking number from a reputable carrier to monitor my package's status. **CLIENT SIGNATURE AND DATE:** CLIENT SIGNATURE (DROP-OFF): DATE:\_\_\_\_\_

DATE:

CLIENT SIGNATURE (PICK-UP):