

# Apostille/Certificate of Authentication Request

New York State Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code

**Attach this form to your documents. Please print or type.**

Country documents will be used in: \_\_\_\_\_ Number of documents to be authenticated/apostilled: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Name of Firm/Organization (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Fees/Payment:** (Checks/Money Orders must be payable to N.Y.S. Department of State)

Number of documents: \_\_\_\_\_ X \$10.00 per document = Total Due: \_\_\_\_\_

## Form of Payment Enclosed or Authorized:

Check drawn on U.S. bank

Money Order from a U.S. bank

Credit/Debit Card - **Accepted in Albany Office Only:**     MasterCard     Visa     American Express

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Payment Authorization; I authorize the New York Department of State to charge my credit/debit card for the amount due for the authentication services provided by the Department of State.**

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name: \_\_\_\_\_

**Type of Return Mailer Enclosed:** (You must enclose one of the following if documents are to be returned to you by mail. Not applicable for in-person deliveries.)

Self-addressed, First-Class envelope with postage

Self-addressed US Postal Priority or Express envelope with postage

Self-addressed carrier label; (FedEx, UPS, Airborne, or DHL)

## Location for Mailed Requests and In-Person Deliveries:

Division of Corporations, State Records  
and Uniform Commercial Code  
99 Washington Avenue, 6th Floor,  
Albany, NY 12231

## Location for In-Person Deliveries ONLY

*Credit Cards not accepted at this location*

Division of Licensing Services  
123 Williams Street, 2nd Floor,  
New York, NY 10038

## For Department of State Use Only

Transaction # \_\_\_\_\_ Date Processed: \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

Apostille     210     210cc     210de     260     262

Number of documents: \_\_\_\_\_ Special Deputy: \_\_\_\_\_ County: \_\_\_\_\_