



## FLORIDA DEPARTMENT *of* STATE

### Apostille or Notarial Certification Request

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Country the document is being authenticated for: \_\_\_\_\_

Total number of documents being apostilled or certified: \_\_\_\_\_

#### Fees:

- \$10.00 per document; **OR**
- \$20.00 per document, for documents certified by any Clerk of the Court for any county in Florida when requesting an apostille. (\$10 for Apostille; \$10 for Certificate of Incumbency)

Submit form, document(s), prepaid self-addressed envelope or air bill, and payment(s) to:

#### Mailing Address

Division of Corporations  
ATTN: Apostille Section  
P.O. Box 6800  
Tallahassee, FL 32314-6800