

OFFICE OF THE SECRETARY OF THE STATE
AUTHENTICATION / APOSTILLE ORDER FORM

Website: www.sots.ct.gov

Telephone: (860) 509-6100

Mailing Address: (Direccion postal)

Connecticut Secretary of the State, Attn: Authentications
P.O. Box 150470, Hartford, CT 06115-0470

FEES: Child Adoption: \$15.00 per document.
Regular Documents: \$40.00 per document.
Expedited : **Additional \$50.00 per document.**

Delivery by Fedex, UPS, DHL (Servicio de Mensajero)

Connecticut Secretary of the State, Attn: Authentications
165 Capitol Avenue, Suite 1000, Hartford, CT 06106

PAGO: Adopcion es \$15.00 Por Documento
Otros documents son \$40.00

Checks payable to: Secretary of the State (Haga los cheques a nombre de la Secretary of the State)

EXPEDITED SERVICE: Orders will be processed and mailed within 24 hours. Adoption documents can not be expedited. (Las órdenes serán procesadas y enviadas en 24 horas.. Documentos de adopción no se pueden agilizar.) **Rejected documents will result in the forfeiture of expedited fee. **EXPEDITED SERVICE IS NOT WHILE YOU WAIT. (El servicio acelerado no es mientras espera.)**

PLEASE TYPE OR PRINT LEGIBLY. (FAVOR DE ESCRIBIR O IMPRIMIR LEGIBLEMENTE): Will not be responsible for misdirected mail if illegible. (No somos responsable de correo mal dirigido.)

1. DATE: (Fecha) _____ DAYTIME PHONE NO.: (Telefono durante el dia) _____
2. EMAIL ADDRESS (Dirección de correo electrónico) _____
3. NAME: (Nombre): First/Primer _____ Last/Apellido _____
4. COMPANY (Compania) (If applicable) _____
5. ADDRESS: (Direccion) _____ CITY(Ciudad) _____
STATE (Estado) _____ ZIP CODE(código) _____
6. FOREIGN COUNTRY in which your documents will be used. _____
(Pais donde sus documentos seran usados)
7. CHECK IF DOCUMENTS ARE FOR AN ADOPTION (Marcar si los documentos son para adopcion) _____
8. NUMBER OF AUTHENTICATION/APOSTILLES REQUESTED. _____
(Numero de certificados para autenticacion/apostilla solicitado)
9. CHECK IF YOU WANT **EXPEDITED SERVICE** (Marcar para Servicio Rapido) _____

TOTAL DUE: _____ **PLEASE, DO NOT SEND CASH BY MAIL.**

PAYMENT METHOD (Método del pago) _____ CREDIT CARD (Tarjeta de crédito) _____ CASH (Efectivo) _____ CHECK (Compruebe)

*****Please complete the attached credit card sheet. (Por favor complete la hoja de procesamiento de tarjeta de crédito adjunta.**

10. HOW WOULD YOU LIKE YOUR ORDER TO BE RETURNED? (CHECK ONE) ****IF NOTHING IS INDICATED, YOUR ORDER WILL BE MAILED.**

Providing a self-addressed stamped envelope would be appreciated. ¿ Cómo quiere que su orden sea devuelta a usted? (Marque uno) Si no se indica nada, se enviara su pedido.

11. Hold for pickup _____ First class mail _____ Prepaid courier service (provide label) _____
(retener mi orden para ser recogida) (Correo de primera clase) (Servicio de mensajero prepagado – envíe etiqueta)

