



# Nevada Registered Agent Service®

The *PREFERRED* choice in Registered Agents

## Apostille/Certification Request Form

<b>Submitter of the Request:</b> (Requestor's Printed Full Name and Signature is Required)	First:
	Middle:
	Last:
<b>Telephone:</b>	
<b>Email:</b>	
<b>Document Being Submitted:</b>	
<b>Country Document Will Be Used In:</b>	
<b>Regular or expedited?</b>	<input type="checkbox"/> REGULAR <input type="checkbox"/> 24-HOUR (additional \$75)
<b>Return Delivery:</b>	<input type="checkbox"/> Hold for Pick Up (Carson City, NV) <input type="checkbox"/> Mail to Address
<b>Mail To:</b>	: : : :
<b>Additional Instructions:</b>	

I declare under penalty of perjury, that the document(s) for which the authentication is requested will not be used to Harass a person or accomplish any fraudulent, criminal, or other unlawful purpose (NRS 240.1657). Misuse may expose signer to prosecution for a category C felony (NRS 193.130).

**X** \_\_\_\_\_ Date: \_\_\_\_\_

