



NOTARIAL SERVICES REQUEST FORM

To request Certified Copies of Documents, Apostilles and/or Authentications by mail, please complete this page AND the attached Credit Card Authorisation Form.

BEFORE SUBMITTING YOUR REQUEST,

- confirm what service you require and any specific instructions with the receiving authority, or seek independent legal advice - we cannot tell you what you need or guarantee the legal effectiveness of services provided.
- make sure you read, understand and prepare your request and documents in accordance with the instructions on our Mail-in notarial services page (www.usa.embassy.gov.au/mail-notarial-services).

NAME :

PHONE NO.(s) :

EMAIL :

MAILING ADDRESS :

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Please return my documents via FedEx (cost USD \$15)

I am enclosing a prepaid self-addressed FedEx label or USPS envelope

(1) SERVICE(s) REQUIRED : CERTIFIED COPY(ies) APOSTILLE AUTHENTICATION

DOCUMENT TYPE / DOCUMENT NO. :

INSTRUCTIONS (eg. number of certified copies, which pages) :

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RECEIVING AUTHORITY :

(2) SERVICE(s) REQUIRED : CERTIFIED COPY(ies) APOSTILLE AUTHENTICATION

DOCUMENT TYPE / DOCUMENT NO. :

INSTRUCTIONS (eg. number of certified copies, which pages) :

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RECEIVING AUTHORITY :



| OFFICE USE ONLY | | |
|---------------------|---|------|
| SERVICE | # | AMNT |
| Certified Copy(ies) | | \$ |
| Apostille | | \$ |
| Authentication | | \$ |
| J-1 'No Objection' | | \$ |
| FedEx | | \$ |
| TOTAL | | \$ |

CREDIT CARD AUTHORISATION FORM

I,, authorise the Embassy of Australia / Australian Consulate-General to charge my credit card for the following notarial services (check all applicable):

- Certified Copy(ies)
 Apostille(s)
 Authentication(s)
 FedEx return service

I understand that I may be charged in Australian or US dollars and that fees may be adjusted on the first of each month due to fluctuations in the exchange rate. I acknowledge that the card provided will be charged fees applicable on the day the payment is processed.

Signature : Date : / /

Last 4 digits of my Mastercard Visa card Discover card :

CARD DETAILS

| Card Type | Card Number | Exp Date |
|-----------------------------------------------------------------------------------------------------------|----------------|-----------------|
| <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover | _____ _____ | ____ / ____ |
| Billing Address | | |
| | | |
| Card Holder name | | CVV Code |
| | | ____ ____ |