

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:

New York State
Department of State
Division of Licensing Services
Apostille and Authentication Unit

One Commerce Plaza 99 Washington Avenue, 6th Floor P.O. Box 22001 Albany, NY 12201-2001 Customer Service: (518) 474-4429

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Apostille/Certificate of Authentication	on Request	
Submit this form with your documents. Please (Note: Incomplete forms will be returned for	se print or type. or correction)	
Country documents will be used in:		
Requestor's Name:		
Manna a C Dinas (Our animatical de la 11.)		
		,
Daytime telephone number:		
Location for Mailed Requests: No same day service Division Licensing Services Apostille and Authentication Unit 99 Washington Avenue, 6th Floor P.O. Box 22001 Albany, NY 12201-2001	Location for In-Person Deliveries ONLY: Credit Cards not accepted at this location Division of Licensing Services 123 William Street, 2nd Floor New York, NY 10038	
For Department of State Use Only Transaction #	Date Processed: Cash Receipt #	
Apostilie 210 210cc 210dc 210dc	260	
Number of documents: Special Deputy:	County:	