

State of Delaware - Division of Corporations
CERTIFICATION SHEET - Fax# 302-739-3812

Priority 1
(One Hr)

Priority 2
(Two Hr)

Priority 3
(Same Day)

Priority 4
(24 Hour)

Priority 7
(Reg. Work)

SUBMITTER'S INFORMATION

Company/Firm or Individual's Name _____
Return Address _____
City - State - Zip _____
Attention: _____
Phone# _____ Fax# _____
E-mail address _____
Account Number _____

DO NOT WRITE IN THIS SPACE

CERTIFICATION REQUEST INFORMATION

Name of Company/Entity _____
File Number _____

Type of Certificate Requested

Certified Copy of All Charter Documents
 Certified Copy of Charter Documents, Restated Forward
 Certified Copy Filed on _____
 Short Form Good Standing (check if additional language req.)
 Tax reports filed
 Taxes paid to date
 No taxes assessed
 Long Form Good Standing (check if additional language req.)
 Tax reports filed
 Taxes paid to date
 No taxes assessed
 Certificate in RE: _____ (Type of Cert.)
 Apostille - Country _____
 Other _____
Check # _____ Total \$ Enclosed _____

METHOD OF RETURN

Messenger/Pick up
 Express Mail Select Express Service
 Acct# _____
 Regular Mail
 Other _____
Fax or E-mail is not available

COMMENTS/FILING INSTRUCTIONS

CREDIT CARD INFORMATION Visa

(Visa, MasterCard, American Express or Discover Card Only)

CC# _____ - _____ - _____

Expiration Date - _____ / _____

Security Code _____

INSTRUCTIONS

1. Visit corp.delaware.gov/cvrmemo.shtml for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.

Instructions for properly completing a Certification Memo

Submitter's Information

Mark the appropriate priority box. (additional Expedited Cost)

Fees:	Priority 1 (One hr) -	\$1000.00
	Priority 2 (Two hr) -	\$ 500.00
	Priority 3 (Same Day) -	Varies – Please contact our Office
	Priority 4 (24 hour) -	Varies – Please contact our Office

Submitter's Information

1. Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed.
2. The account number is only to be completed by entities that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

Certification Request Information

Complete the name of the entity and the entity File number. If you do not have the file number, you may leave it blank.

Method of Return Information

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Credit Card Information

All credit card information must be completed. If the credit card information is not the same as it is listed with the submitter's information, then please specify the correct information in the comments/filings instruction area on the bottom right hand side of the memo. You must also include your 3-4 digit security code on the back of the card.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

Delaware Division of Corporations
401 Federal Street - Suite 4
Dover, DE 19901