

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

Website: [www.sots.ct.gov](http://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 each.  
Regular Documents: \$40.00 each.  
Expedited Regular Documents: \$90.00 each.

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

Connecticut Secretary of the State, Attn: Authentications  
30 Trinity Street, 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: \_\_\_\_\_

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)



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

**DENISE W. MERRILL**  
 Secretary of the State  
**SCOTT D. BATES**  
 Deputy Secretary of the State

## Credit Card Processing Requirements

Cardholder Name (must match credit card): \_\_\_\_\_

Billing Address (must match credit card): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Credit Card Number:

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Expiration Date:

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Security Code:

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Authorized Amount: \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**\*\*All Fields required to complete request.**