

State of South Dakota Apostille / Certificate of Authentication Request

Send to: SD Secretary of State, Attn: Apostille Office, 500 E. Capitol Avenue, Pierre, SD 57501 (605) 773-5008 / <u>apostille@state.sd.us</u>

Send this form with your documents. Please print or type, illegible forms may be returned.

| Country document(s) will be used in: | | | |
|--|---|--|---------------------|
| Type of document(s): | | | |
| Address Document(s) will be returne <i>If documents are being sent int</i> <i>*Note* Our office</i> | | elf-addressed envelope is r locuments via DHL | required. |
| Name: | | | |
| Company (If applicable): | | | |
| Address: | City: | State: | Zip: |
| | Email Address: | | |
| Fees / Payment: Number of documents:x \$25.0 | 00 per document = Total | Due: | |
| Cash Check drawn on U.S. bank (pl Money Order from a U.S. ban Credit/Debit Card: | k (Please make payable MasterCard Visa | to SD Secretary of State | , , |
| Name as it appears on card: Billing Address: | City: | State: | Zip: |
| Card Number: | E | Expiration date: | CID: |
| Payment Authorization: I auth debit card for the amount due Cardholder's Signature: If the name on the credit card or a | for the authentication se | ervices provided by the S | Secretary of State. |
| name of a company, please print | | | |
| For Office Use Only: | | | |
| Date Processed: | <i>Re</i> | eceipt #: | |
| Apostille: Document #: | Aı | uthentication: | |
| Processed by: | N | umber of Documents: | |