

State of New Jersey
Department of the Treasury
Division of Revenue and
Enterprise Services
(609) 292-9292
www.nj.gov/treasury/revenue



Regular mail address:
(USPS Express, Priority, Certified)
State of New Jersey
DORES
PO Box 452
Trenton, NJ 08646

Address for Fed Ex, UPS, DHL
State of New Jersey
DORES
33 West State Street, 5th FL
Trenton, NJ 08608
Attn: Notary Unit

Apostille/Certificate of Authentication Request Form

- Please print legibly or type. Documents **MUST** be submitted with original signatures and/or official seals.
- Attach your document(s) and check or money order (if applicable) to this form.
- Remit to address listed at the top of this form according to mailing method (regular mail OR courier service)

<u>Requestor's Name/Mailing Address:</u> 	Country document(s) will be used in: Number of documents to be Authenticated:
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Phone number: _____ Email Address: _____

(Providing phone number and/or email address does not guarantee that you will be contacted if the form is incomplete, if payment is insufficient for indicated service, or if the documents are not in acceptable form.)

NUMBER OF DOCUMENTS/FEES: *(Select only one type of service per request form. Order will be rejected if Regular Service and Expedited Service are selected on the same form).*

Regular service: Avg. processing time: 15 business days

Expedited service: Processing time 8.5 business hours

No. of documents: _____ X \$25= \$ _____

No. of documents: _____ X \$40= \$ _____

Adoption documents: _____ X \$ 5= \$ _____

Adoption documents: _____ X \$20= \$ _____

FORM OF PAYMENT: *(check the box that applies) If paying by credit card, card holder **MUST** sign below.*

Check/money order #: _____ *(Must be drawn on U.S. bank; Made payable to "Treasurer-State of New Jersey")*

Credit/Debit card: MasterCard Visa American Express Discover

Card number: _____ CCV # _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Payment Authorization: *I authorize the State of New Jersey, Department of the Treasury to charge my credit/debit card for the amount due for the authentication services provided by the Department of the Treasury, Division of Revenue and Enterprise Services.*

Signature: _____ **Date:** _____

METHOD OF RETURN: *(Check the box that applies.)*

Regular mail-Self-addressed, stamped envelope
(This office cannot estimate United States Postal Service delivery times)

Self-Addressed, pre-paid USPS Priority/Express envelope.
*****(Please review website USPS Priority/Express mail warning)***

Self-Addressed, pre-paid Fed Ex, UPS, or DHL envelope
Return Pre-Paid Envelope Tracking #: _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

8/2012