

**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:** \$15.00 per document for Child Adoptions  
\$40.00 per document for all other documents

**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:** For an **additional \$50.00** per document, orders will be processed and mailed within 24 hours. Adoption documents can not be expedited. (Para un adicional \$50.00 por documento, pedidos se procesarán y enviarán por correo dentro de 24 horas. Documentos de adopción no se pueden agilizar.) **Rejected documents will result in the forfeiture of expedited fee.**

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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. NAME: (Nombre): First/Primer \_\_\_\_\_ Last/Apellido \_\_\_\_\_
3. COMPANY (Compania) (If applicable) \_\_\_\_\_
4. ADDRESS: (Direccion) \_\_\_\_\_ CITY(Ciudad) \_\_\_\_\_  
STATE (Estado) \_\_\_\_\_ ZIP CODE(código) \_\_\_\_\_
5. FOREIGN COUNTRY in which your documents will be used. \_\_\_\_\_  
(Pais donde sus documentos seran usados)
6. CHECK IF DOCUMENTS ARE FOR AN ADOPTION (Marcar si los documentos son para adopcion) \_\_\_\_\_
7. NUMBER OF AUTHENTICATION/APOSTILLES REQUESTED. \_\_\_\_\_  
(Numero de certificados para autenticacion/apostilla solicitado)
8. CHECK IF YOU WANT **EXPEDITED SERVICE** (Marcar para Servicio Rapido) \_\_\_\_\_
9. PAYMENT ENCLOSED (Pago incluido) \_\_\_\_\_
10. MASTERCARD / VISA / AMEX \_\_\_\_\_ EXP. DATE. \_\_\_\_\_  
(Numero de Mastercard/visa) (Fecha de vencimiento)  
SEC. CODE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_  
(Código de seguridad) (Código postal de facturacion)
- AUTHORIZING SIGNATURE** \_\_\_\_\_  
(Autorización de firma)

11. 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.

Hold for pickup \_\_\_\_\_ First class mail \_\_\_\_\_ Prepaid courier service (provide label) \_\_\_\_\_  
(retener mi orden para ser recogida) (Correo de primera clase) (Servicio de mensajero prepago – envíe etiqueta)