



BARBARA K. CEGAVSKE  
Secretary of State  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-3714  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

# Apostille/Certification Fees

## Fee Schedule

<b>Apostille/Certification</b> Order may be picked up or mailed out in approximately 10-14 business days	<b>\$20.00 per each apostille</b>
<b>Expedited Service Available</b> Expedite Fees Are In Addition To The Standard Apostille/Certification Fee. Your Request Will Be Processed In The Time For Which You Pay For Expedited Service Based On The Following Fees:	
24 Hour Expedite - 1 to 100 Documents	<b>\$75 per notary name</b>
4 Hour Expedite - 1 to 100 Documents	<b>\$125 per notary name</b>
2 Hour Expedite	<b>\$500 per notary name</b>
1 Hour Expedite	<b>\$1000 per notary name</b>

**Please note:** For Expedite Service, the period begins when filing or service request is received in the Secretary of State's office in a fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

Las Vegas area residents wanting to **expedite their Apostille/Certification request**, our Las Vegas Office is now able to process your request. The Las Vegas office is located in the Grant Sawyer Building, 555 E. Washington Street, Fifth Floor Suite 5200, Las Vegas Nevada, 89101. Office hours 8:00am-5:00pm.



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# Apostille/Certification Order Instructions

Applicant Signature Instructions: *Include your full first and last name and your original signature.*

**I declare under penalty of perjury, that the document for which the authentication or certification is requested will not be used to:**

**(1) Harass a person; or (2) Accomplish any fraudulent, criminal or other unlawful purpose. NRS 240.1657**

**Misuse may expose signer to prosecution for a category C felony. NRS 193.130**

**X** \_\_\_\_\_  
**Applicant Signature**

LEGAL Name of Applicant:

PRINT Applicant First Name	PRINT Applicant Middle Name	PRINT Applicant Last Name	Suffix

**Service Requested:** All Fees are charged per **Apostille/Certification Fees** schedule

Regular   
  24-Hour Expedite   
  4-Hour Expedite   
  2-Hour Expedite   
  1-Hour Expedite

**SUBMIT THIS COMPLETED FORM WITH YOUR REQUEST** **USE BLACK INK ONLY - DO NOT HIGHLIGHT**

Date:  Type of document presented for certification:

Return to:

Address:

**Return Delivery** (mark one):

Hold for Pick Up   
  Mail to Address Above (Please provide a self-addressed envelope)

**Contact Person Information:**

Name:

Email:

Phone:

(United States phone number only)

**Name of Country in which the Document will be used:**

**Notes and Special Instructions\*:**

\*PLEASE NOTE: If the document is not processed, it will be mailed to the address above unless special instructions are provided.

Method of Payment:   
 Check/Money Order   
 Credit Card (attach checklist)

**Total Amount Enclosed USD \$:**

