

**DC**  
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**KANSAS SECRETARY OF STATE**  
**Request for Document**  
**Certification (Apostille/Authentication)**

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-2239  
120 S.W. 10th Avenue notary@ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**Note: Document(s) needing certification must be enclosed.**

1. **Name of requestor:**

2. **Document type:**  
(E.G. Birth Certificate, Power of Attorney, High School Diploma, etc.)

3. **Name of country requesting certification:**

4. **Contact phone number:**

5. **Contact email:**

6. **Payment information:** (The fee for certification is \$7.50 for each document that is sent in.)  
(Checks and money orders should be made payable to the Kansas Secretary of State.)

|   |  |  |
|---|--|--|
| <input type="text" value="Credit Card Number"/> | <input type="text" value="Expiration Date (MM/YYYY)"/> | <input type="text" value="Billing Zip"/> |
|---|--|--|

7. **Certification requests are generally processed within three business days from the date they are received in our office. Requests for certification should be mailed to the following address:**

**Kansas Secretary of State**  
**Memorial Hall, 1st Floor**  
**120 SW 10th Avenue**  
**Topeka, KS 66612-1594**

8. **A self-addressed pre-paid envelope should be included with your request. You may also select one of the return options below.**

**Please charge the above credit card and return the documents to me by:**

FedEx       UPS

**FedEx account number:**

**UPS account number:**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

9. **Return address:**

|                                      |                                    |                                  |                                      |
|--------------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="text" value="Address"/> |                                    |                                  |                                      |
| <input type="text" value="City"/>    | <input type="text" value="State"/> | <input type="text" value="Zip"/> | <input type="text" value="Country"/> |