



Wyoming Authentication Request

Contact Information:

Date: _____ Contact Name: _____
Mailing Address: _____
Mailing City: _____
Mailing State or Country: _____ Postal Code: _____
Daytime Phone: _____
Email Address: _____

Document Information:

Country Documents Are Needed For: _____
If documents are in a foreign language, please provide the title(s) of each document(s): _____

Number of Documents to be Authenticated: _____ x \$10.00 = _____



Payment Information:

Total Payment Enclosed:

Payment Method (select one):

Cash

Cashier's Check # _____

Check # _____

Money Order # _____

PAD Account # _____

Document(s) Return Method (select one):

IMPORTANT NOTE: Utilizing a mailing option which provides a tracking number is especially helpful for international mailings.

Prepaid Federal Express Air Bill

Prepaid UPS Air Bill

Self-Addressed Stamped Envelope

Will Pick-Up On (Date and Time): _____