Office of the Lt. Governor
Document Authentication Request Form

350 North State Street, Suite 220, P.O. BOX 142325 Salt Lake City, UT 84114 Phone: (801) 538-1041
Email: authentications@utah.gov Website: authentications.utah.gov

INSTRUCTIONS *Please read carefully and complete all fields.*

1. Once completed, send this **form** with **payment**, **documents** to be authenticated, and a self-addressed return **envelope** to the address above.
   * International shipping can be purchased for an additional **$10** *(sent via USPS – does not including tracking)*
   *If you are mailing this form and are paying for expedite service, please **contact our office** on the **day you expect your document to arrive**. *Failure to confirm your document's arrival may delay your request.*
   *Our mailing service is USPS. **We do not provide tracking numbers**. If you would like a tracking number, please provide a prepaid envelope completed with tracking and shipping information. **We are not liable for documents lost in the mail.**

1. Contact Information

Name			Date / /
Address	City		State & Zip Code
Phone Number	Email		Preferred form of contact: Email Phone

2. Document Information

Country where document(s) will be used	Number of documents

3. Types of Service and Pricing

Regular Service: $15 per document *Processing time: 3 – 5 business days*	Please **notify** me to pick up my documents Please **mail** document(s) to me (allow extra days for mailing)

Expedite Services: *(Please note this does not include expedite shipping or a tracking number)*

Next Business Day Service: $40 per document *Will be processed the next business day*	Please **notify** me to pick up my documents Please **mail** document(s) to me (allow extra days for mailing)
Same Day Service: $65 per document *Processed the same day it is received*	Please **notify** me to pick up my documents Please **mail** document(s) to me (allow extra days for mailing)

4. Payment
Acceptable forms of payment include: check, cash, money order, all major credit cards

Credit Card Information

Card number: _____

Expiration date: _____ *CVV Code:* _____

Name on card: _____

Authorization signature: _____

Office Use Only:

Amount due: $_____Type: _____

Receipt #_____

Date paid ____/____/____

Date picked up/ mailed ____/____/____

Notes: _____

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