



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.

- Once completed, send this **form** with **payment, documents** to be authenticated, and a self-addressed return **envelope** to the address above. Please make checks payable to "State of Utah".
 - * **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
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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)
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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
Please make checks payable to "State of Utah".

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: _____
