



## APOSTILLE AUTHORIZATION FORM

I, \_\_\_\_\_ (Client Name), hereby authorize Charles Mims Jr Notary Services Inc. to act as my authorized agent to process and obtain an apostille or certification for the following document(s):

Document Type(s): \_\_\_\_\_

Country of Use: \_\_\_\_\_

I understand that Charles Mims Jr Notary Services Inc. is not an attorney and cannot provide legal advice.

I grant permission for the above-named agent to submit, receive, and handle my documents with the Pennsylvania Department of State or any other appropriate agency.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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Return Address (if different): \_\_\_\_\_