



APOSTILLE CERTIFICATION FORM

Mail to:

Rush Courier, LLC

1400 Village Square Blvd #3-182

Tallahassee, FL 32312

COUNTRY OF DESTINATION _____

NUMBER OF APOSTILLES REQUESTED _____

INVOICE NUMBER _____

NAME ON INVOICE _____

Return Address: {Please print clearly}

NAME _____

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

Check one: Overnight Service _____ **5 Day Service** _____