

**Caring Hands Services –Authentication Request form**

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**Document Authentication**

Document Type (Circle one): **Personal**                      **Corporate**                      **Adoption**

Number of Documents: \_\_\_\_\_

Document state of Origin: \_\_\_\_\_

For use in what Country? (Countries)\_\_\_\_\_

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**Billing & Contact Information**

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

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Return Shipping Method**

\_\_\_\_\_ -Pre-Paid Airbill Included

\_\_\_\_\_ -USPS Express Mail (\$30.00)

\_\_\_\_\_ -DHL (overseas deliveries only)- Contact our office for pricing.

\_\_\_\_\_ -Fedex Acct # (We will only use this number for your transaction(s))

**Return Shipping Address** (If different from the Address above)

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