

Caring Hands Services
Document Authentication Request Form

Document type: Personal Legal Corporate

Number of documents: _____

Document type to be ordered: _____
(i.e., Good Standing, Certificate of Incorporation, etc...)

Document state of origin or incorporation: _____

For use in what country (countries): _____

Billing & Contact Information

Name: _____

Company name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

Return Shipping Method

_____ - Pre-Paid Airbill Included _____ - FedEx Acct # (Only for this transaction)

_____ - FedEx Priority Overnight (\$55) _____ - FedEx 2-Day Delivery (\$45)

_____ - FedEx (overseas) - Contact our office for pricing.

_____ - USPS Express Mail (\$40) _____ - USPS Priority Mail (\$20)

Return Shipping Address (If different from the address above):

Caring Hands Services: 430 M ST SW #N106, Washington DC 20024

Office: 202-554-2277 Email: info@caring-hands-services.com