## Caring Hands Services **Document Authentication Request Form** \_\_\_\_\_Personal \_\_\_\_\_Legal \_\_\_\_\_Corporate Document type: 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: Zip code: Phone number: \_\_\_\_\_ Email: \_\_\_\_ **Return Shipping Method** FedEx Priority Overnight FedEx Overseas (For the above, please call our office for pricing) Pre-paid Airbill included Fedex Acct # (For this transaction only) FedEx 2-Day Delivery (\$45) USPS Express Mail (\$45) USPS Priority Mail (\$20) Return Shipping Address (If different from the address above)

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