



**STATE OF MINNESOTA
SECRETARY OF STATE**
Authentication Request

Name: _____ **Phone Number:** _____

Address: _____

City _____ **State** _____ **Zip** _____

Please debit my Secretary of State account number _____

ORDER INFORMATION

List The Country of Intended Use: (Required) _____

Please list the number of documents to be authenticated: _____

Special Instructions: _____

FOR STAFF USE ONLY: _____ Certificates @ 5.00 each Total Fee _____
--