



34th Street NW, Washington D.C. 20007,
Phone: 1-703-843-4747 1201 | Email: dcaats@gmail.com

DOCUMENT LEGALIZATION ORDER FORM

Date Needed back: _____

Company Name (if applicable): _____

Contact Name: _____

Address to return Document(s) to: _____

Phone # _____

E-mail Address: _____

US Departure Date (if applicable): _____

LEGALIZATION REQUEST

Name of the country where the document(s) will be used or Embassy: _____

Number of document(s): _____

Special Instructions: _____

PAYMENT METHOD

- Please select your payment method.

Money Order Amount enclosed (\$USD): _____

Check Amount enclosed (\$USD): _____

Credit Card Amount to be charged (\$USD): _____

Credit Card Information:

Visa Master Card American Express

Credit Card #: _____

Name on Card: _____

Expiration: _____ CVV#: _____

Original Signature: _____