



Form 8003 Prescribed By:

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Mail this form to the following:

Ohio Secretary of State
Client Service Center
180 East Broad Street, Suite 103
Columbus, Ohio 43215
Fax number: (614) 995-5749

Authentication Request Cover Letter

Date

Customer Name

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Daytime Telephone Number

Email Address

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

Return address of document(s) if **DIFFERENT** from the address above:

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Confirm this checklist prior to submitting your documents:

- Check or Money Order payable to Ohio Secretary of State, \$5.00 per authentication
- Documents that require county certification have been county certified
- Name of the country where the document(s) will be used has been provided above
- Enclosed prepaid overnight delivery label and/or self addressed stamped envelope for return of documents