

Ohio Secretary of State
Elections/Certification Division



Date: _____

Name: _____

Address: _____

Daytime Telephone Number: _____

Country documents are prepared for:

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

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 of destination has been provided

___ Enclosed prepaid overnight delivery label and/or self addressed stamped envelope
for return of documents

Mailing address for **overnight** mail:
Ohio Secretary of State
Attn: Elections Div.
180 E. Broad St., 15th Floor
Columbus, Ohio 43215

Mailing address for **regular** mail:
Ohio Secretary of State
Attn: Elections Div.
P.O. Box 2828
Columbus, Ohio 43216