

Form 8003 Prescribed By:

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

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Authentication Request Cover Letter

Date		
Customer Name		
Address		
City	State	ZIP Code
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:

Name		
Address		
City	State	ZIP Code

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