

JON HUSTED
Ohio Secretary of State



Client Service Center

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For more information: www.OhioSecretaryofState.gov

Mail this form to the following:

Ohio Secretary of State
Client Service Center
180 East Broad Street, Suite 103
Columbus, OH 43215

Authentication Request Cover Letter

\$5.00 Fee

Date (MM/DD/YYYY)

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:

- ☐ Please submit the required filing fee by completing the attached Credit Card Authorization Form or include a check or money order made payable to "Ohio Secretary of State"
- ☐ 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
- ☐ Public document to be authenticated



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code