



**DOCUMENT AUTHENTICATION REQUEST FORM**

<b>1. Introduction of the Applicant</b>	
Title:	Surname:
Given Name(s):	Previous Name(s):
Date of Birth: DD-MM-YYYY	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name:	Nationality:
Mailing Address:	
Phone Number:	Email:
Legal Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Other (explain)	
<b>2. Document Requiring Authentication</b>	
Please specify the type of the document:	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Divorce Certificate
<input type="checkbox"/> Educational Credential	<input type="checkbox"/> Professional Credential
<input type="checkbox"/> Illness Certificate	<input type="checkbox"/> Tazkira
<input type="checkbox"/> Celibacy Certificate	<input type="checkbox"/> Driving License
<input type="checkbox"/> Patent	<input type="checkbox"/> Customs
Document	
Issuing Authority:	Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
Place of Issue:	
<b>3. Payment</b>	
Have you enclosed the required processing fee (US \$55)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you enclosed an additional (US \$16) for postage cost within Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4. Declaration and Signature</b>	
I, _____, solemnly declare that the statements and information I have provided on this form are correct to the best of my knowledge.	
Signature: _____	Date: YYYY-MM-DD

<b>To be Used by Consular Office ONLY</b>	
Total amount received (including bank charges):	
Document Authenticated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Consul's Signature	Head of Mission's Signature