

Massachusetts Apostille Cover Letter

Secretary of the Commonwealth
Public Records Division
Commissions Section
One Ashburton Place, Room 1719
Boston, MA 02108
Ph: 617-727-2836

PLEASE APOSTILLE THE ENCLOSED DOCUMENT(S):

For the Country of: _____

Intended purpose for the enclosed documents: _____

RETURN SHIPPING/CONTACT INFORMATION

Please return my Apostilled documents to the following address:

Name: _____

Street: _____

City: _____ State: _____

Country: _____ ZIP: _____

Contact Phone Number: _____

Contact Email Address: _____

I have enclosed a self-addressed, stamped envelope for return of the documents.

I have enclosed a prepaid express mail label that is pre-addressed, to be returned by courier service.

PAYMENT

I have included a check made payable to the *Commonwealth of Massachusetts* in the amount of \$ _____ USD for # _____ of documents to be Apostilled.

I have included a money order made payable to the *Commonwealth of Massachusetts* in the amount of \$ _____ USD for # _____ of documents to be Apostilled.

Thank you,

Signature: _____

First Name: _____ Last Name: _____