



<p><b>Doc No:</b></p> <p><b>Date:</b></p>
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## APOSTILLE SERVICE<sup>1</sup>

(The Hague Convention, October 5, 1961)

**A. IDENTIFICATION OF THE APPLICANT**

1. Full name	
2. ID card/Passport No	Issued on
3. Address	
4. Phone No	E-mail address
5. Mailing address (for return of the apostilled document):	

**B. DATA RELATED TO DOCUMENTS(S)**

1. Country of destination
2. Details of the document(s) to be apostilled (issuing body, document number, issuance date)
_____
_____
3. Description of the document(s)
_____
_____

**C. DATA RELATED TO THE PERSON WHO PRESENTS THE DOCUMENT** (to be filled in whenever that person is not the applicant)

1. Full name			
2. ID card/Passport No	Phone No	E-mail address	
3. Address			

Lisbon,

SIGNATURE  
(as it appears on the ID document)

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<sup>1</sup> Completion of this form, used for the rendering of apostille services, is mandatory.

