NC Authentication Office Cover Letter

(ノースカロライナ州認証局送付状)

Telephone Number: **919-807-2140** Email Address: authen@sosnc.gov

(電話番号) 　　　　 (Eメール・アドレス)

Mailing Address for US Postal Service Mail: Street Address for Carrier and hand Delivery Mail :  
(郵送住所): 　　　　　　　　　　　　　　 (郵便以外の配送業者用住所):

Authentication Office Authentication Office  
 NC Secretary of State NC Secretary of State  
 PO Box 29622 2 South Salisbury St  
 Raleigh NC 27626-0622 Raleigh NC 27601-2903

Date (日付): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name(氏名): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (住所): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (市):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State (州):\_\_\_\_\_\_\_\_\_ Zip (郵便番号):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Number (日中の連絡先電話番号): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country Each Document will go to (書類提出先の国名): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Notes or Instructions (特記事項):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Documents (書類件数):**

\_\_\_\_\_\_\_ x $10.00 = $\_\_\_\_\_\_\_\_\_\_

**Adoptions Only (採択のみ)**

Duplicate Originals (原本の写し)

\_\_\_\_\_\_\_\_\_\_ x $5.00 = $\_\_\_\_\_\_\_\_\_

**Total Payment enclosed (同封総額**): $\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | Check Number (小切手番号): \_\_\_\_\_\_\_ |
|  | Cash (現金) |
|  | Money Order (為替) |
|  | Cashier’s Check (送金小切手) |

**Return Documents By**

**(書類返却方法):**

\_\_\_\_ Stamped Envelope

(切手貼り付け済返信用封筒)

\_\_\_\_\_ (Overnight Delivery Envelope or Label (Fed-Ex, UPS): **Must have account number pre-printed by the delivery company or have pre-paid postage stamp from the delivery company)**

速達便 (Fed-Ex, UPS):配送業者により事前に印刷された口座番号、または配送業者による支払い済み印が必要。

\_\_\_\_\_ Pick-Up (窓口受け取り)