NC Authentication Office Cover Letter

(Oficina de Authenticationsdel Estado de Carolina del Norte)

Telephone Number: 919-814-5400 Email Address:authen@sosnc.gov

(Numero de teléfono) (Dirección de correo electrónico)

|  |  |
| --- | --- |
| Mailing Address for US Postal Service Mail:(Correo Regular): | Street Address for Carrier and hand Delivery Mail:(Correo rápido): |
| Authentication OfficeNC Secretary of StatePO Box 29622Raleigh  NC  27626-0622 | Authentication OfficeNC Secretary of State2 South Salisbury StRaleigh  NC  27601-2903 |

Date (Fecha de Hoy Día): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name (Nombre y apellido del solicitante): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (Dirección de correo electrónico): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Dirección): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (Ciudad):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State (Estado):\_\_\_\_\_\_\_\_\_ Zip (Código Postal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Numero de teléfono):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country Each Document will go to (País en que se propone usar):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Notes or Instructions (Notas Especiales o Instrucciones Especiales): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Check Number (Numero de cheque): \_\_\_\_\_\_\_\_\_\_ |  | Cash (Efectivo) |
|  | Money Order (Giro postal) |  | Cashier’s Check (Cheque del la gerencia) |

 **Payment By: (Pago de)**

**Payment Calculation: Adoptions Only Calculation:**

Number of Documents (Cuantos Docuementos)

\_\_\_\_\_\_\_\_\_\_\_\_\_ X $10.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duplicate Originals (Duplique las Originales)

\_\_\_\_\_\_\_\_\_\_\_\_\_ X $5.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Documents (Cuantos Docuementos)

\_\_\_\_\_\_\_\_\_\_\_\_\_ X $10.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Payment enclosed**: (Total de pago): **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you want the document returned to you? Return documents By: (El regreso documents por):**

|  |  |
| --- | --- |
|  | **Pick Up** (Regressó para recoger los documentos) |
|  | **Overnight Delivery Envelope or Label:**(Must have pre-paid lable from the delivery company, i.e., FedEx, UPS)(**Correo Rápido** (i.e., FedEx, UPS): Sobre con la dirección de uno mismo con franqueo pagado) |  | **Self-Addressed Stamped Envelope:**(**Correo Regular:** Sobre con la dirección de uno mismo con franqueo pagado) |

**Updated Refund Policy**: Refund requests must be made within 45 consecutive days of receipt of funds and will only be issued for amounts over $10.00.