



Office of the Secretary of the District of Columbia
Office of Notary Commissions & Authentications

DC Office of Notary Commissions and Authentication (ONCA) Authentication Service Request Form

Customer Information

Requestor Name: _____

Recipient Name: _____

(If different than requestor)

Requestor Email: _____

Recipient Email: _____

(If different than requestor)

Requestor Phone: _____

Recipient Phone: _____

Documents Submitted for Authentication

Document Name/Type	# of Documents	Country of Use	Name on Document	Authentication Required	
				Not Sure <input type="checkbox"/>	Apostille <input type="checkbox"/>
				Department Head <input type="checkbox"/>	Foreign Certification <input type="checkbox"/>
				Not Sure <input type="checkbox"/>	Apostille <input type="checkbox"/>
				Department Head <input type="checkbox"/>	Foreign Certification <input type="checkbox"/>
				Not Sure <input type="checkbox"/>	Apostille <input type="checkbox"/>
				Department Head <input type="checkbox"/>	Foreign Certification <input type="checkbox"/>
				Not Sure <input type="checkbox"/>	Apostille <input type="checkbox"/>
				Department Head <input type="checkbox"/>	Foreign Certification <input type="checkbox"/>

Notes:

OFFICE USE ONLY

Date Received: _____

Time Received: _____

Received By: _____

Meet Requirements: Yes No

Assigned to: _____

Date Assigned: _____

Date Returned: _____

Time Returned: _____

Notary Name/s: _____

Apostille Start Number: _____

Apostille End Number: _____

Department Head Start Number: _____

Department Head End Number: _____

Foreign Certificate Start Number: _____

Foreign Certificate End Number: _____

Received By: _____

Date: _____

Total Documents Authenticated: _____