



DOCUMENT AUTHENTICATION REQUEST FORM

1. Introduction of the Applicant	
Title:	Surname:
Given Name(s):	Previous Name(s):
Date of Birth: DD-MM-YYYY	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name:	Nationality:
Mailing Address:	
Phone Number:	Email:
Legal Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Other (explain)	
2. Document Requiring Authentication	
Please specify the type of the document:	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Divorce Certificate
<input type="checkbox"/> Educational Credential	<input type="checkbox"/> Professional Credential
<input type="checkbox"/> Illness Certificate	<input type="checkbox"/> Celibacy Certificate
<input type="checkbox"/> Patent	<input type="checkbox"/> Customs Document
<input type="checkbox"/> Tazkira	<input type="checkbox"/> Driving License
Issuing Authority:	Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
Place of Issue:	
3. Payment	
Have you enclosed the required processing fee (CA \$60)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you enclosed an additional (CA \$20) for postage cost within Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Declaration and Signature	
I, _____, solemnly declare that the statements and information I have provided on this form are correct to the best of my knowledge.	
Signature: _____	Date: YYYY-MM-DD

To be Used by Consular Office ONLY	
Total amount received (including bank charges):	
Document Authenticated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consul's Signature	Head of Mission's Signature