

## Authentication Service Request

### Instructions

- Complete and sign the request form.
- Enclose the required notarized or commissioned documentation.
- Enclose the appropriate fee.

Submit the completed authentication request

- in person; or
- by mail/courier to the address shown above.

**Do not submit the completed form by email.**

### For more information

Telephone: 416 325-8416

Website: [http://www.mgs.gov.on.ca/en/OffDoc/STEL01\\_045716.html](http://www.mgs.gov.on.ca/en/OffDoc/STEL01_045716.html)

### Client Information

Last Name			First Name		
Unit No.	Street No.	Street Name			PO Box
City/Town				Province	Postal Code
Telephone No. (including area code)				Fax No.	

### Type of Service Request

Category	Fee (all taxes exempted)	No. of Request	Costs
<input type="checkbox"/> Certificate of authentication of notarized legal document by a Notary Public Solicitor	\$16 for each authentication		0 0
<input type="checkbox"/> Certificate of authentication of notarized legal document by a Notary Public Non-Solicitor	\$16 for each authentication		0 0
<input type="checkbox"/> Certificate of authentication of commissioned legal document by a Commissioner for taking affidavits	\$32 for each authentication		0 0
<input type="checkbox"/> Certificate of authentication for an Ontario government official document (such as a certified birth certificate, etc.)	\$32 for each authentication		0 0
<input type="checkbox"/> Filing with a Foreign Consulate/Embassy	\$32 per filing request		0 0
<input type="checkbox"/> Certificate of status of good standing for a Notary Public	\$16 for each certificate		0 0
Country of Destination: _____			Total: \$ 0 0

Name(s) of: ☐ Notary Public ☐ Commissioner ☐ Government Official

Last Name	First Name	Middle Name/Initial

### Payment Options (No Refund/No Exchange)

For mail-in/courier request, please pay by certified cheque or money order only.

#### Method of Payment

- ☐ Cash  
☐ Debit Card ☐ Credit Card ☐ Certified Cheque\* ☐ Money Order\*

\*Make certified cheque and money order payable to the **Minster of Finance**.

☐ Visa ☐ Mastercard

Card No.: \_\_\_\_\_ Expiry Date: MM / YY

Cardholder Name: \_\_\_\_\_

Cardholder Signature: X

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Signature	Date (yyyy/mm/dd)