



No: _____

APOSTILLE /AUTHENTICATION APPLICATION FORM

MINISTRY OF FOREIGN AFFAIRS AND FOREIGN TRADE
CONSULAR AFFAIRS DEPARTMENT
2 PORT ROYAL STREET; KINGSTON, JAMAICA TELEPHONE (876) 926-4220- 8
Email: authentications@mfaft.gov.jm

SERVICE REQUIRED	
<input type="checkbox"/> Apostille	<input type="checkbox"/> Authentication

Name of Applicant:

_____	_____	_____
Surname	First Name	Middle Initial(s)

Address of Applicant:

Name of Bearer (If different from Applicant):

Contact Telephone No.: _____

E-Mail Address: _____

Type of Document(s): _____

Number of Documents: _____

Country Where Documents Will Be Used: _____

Special Instructions: (Tick one of the following): Document(s) to be collected Self-addressed pre-paid envelope provided by: DHL / FEDEX / TARA / OTHER

****RECEIPT MUST BE PRESENTED FOR COLLECTION OF ALL DOCUMENT(S)****

For Official Use Only	
Fee Paid: _____	
Official Receipt No. : _____	TRN: _____
Signature – Officer Receiving Documents _____	Date: (Day/Month/Year) _____