

Please Print and FAX the completed form to: (916) 442-1797

CERTIFIED COPIES OF DOCUMENTS FORM (Special Filings)

Please provide the following contact information

Name

Firm Name

Street Address

City

State

Zip

Phone

Fax

E-Mail

Shipping Address: Please enter a shipping address if different than above.

Name

Firm Name

Street Address

City

State

Zip

Phone

Order is to be placed in the following state(s)

(To select multiple states hold the "Control" key down
as you make additional selections)

All 50 States

Alaska

Alabama

Arkansas

Arizona

California

Colorado

Connecticut

Copies

Certificates

Joint Powers

Filing

Decree Changing Name

Non-Filing

Durable Power of Attorney for Healthcare

Incumbency

Amendment to Durable Power of
Attorney for Healthcare

Other

Other

of Certificates

of Certified Copies

of Plain Copies

Name 1

Name 2

Name 3

Name 4

Name 5

Name 6

Name 7

Name 8

Name 9

Name 10

Order to be sent by:

Regular Mail

Federal Express

Other Overnight Courier

Recipient Account Number

Third Party Account Number

Please fax me a copy of the order in addition to sending by above method.

Billing:

Bill My Customer Number

Order to be filled by credit card

Credit Card #

Credit Card Type

Expiration Date

Signature: _____ Date: _____

Name on Card

Billing Address

City

State

Zip

Special Instructions