



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) _____