



The Southern Baptist Theological Seminary

Apostille Request Form

Date: _____

Full Name: _____

DOB: _____

Student ID: _____

Graduation Date: _____

This document is being certified for use in the country of:

Documents Required (Check Box)

- Transcript:
- Diploma :
- Other: _____

Requester Contact Information:

Address: _____ City: _____

State: ____ Zip Code: _____

Phone: _____

Email: _____

Where Apostilled Forms Should be Mailed:

Address: _____ City: _____

State: ____ Zip Code: _____

A fee of \$30 is required with this application
Please allow 3-4 weeks to process this request