## Wyoming Secretary of State

Wyoming

**Contact Information:** 

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## **Wyoming Authentication Request**

| Date:                             | Contact Name                | :          |  |
|-----------------------------------|-----------------------------|------------|--|
| Mailing Address:                  |                             |            |  |
| Daytime Phone:                    |                             |            |  |
| Country Documents are Needed For: |                             |            |  |
| Number of Docu                    | uments to be Authenticated: | x \$3.00 = |  |
|                                   |                             |            |  |
| Payment Information:              |                             |            |  |
| Total Payment Enclosed:           |                             |            |  |
| Payment Method:                   |                             |            |  |
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| Ca                                | ashier's Check #            |            |  |
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| Мо                                | oney Order #                |            |  |
|                                   |                             |            |  |
| Document(s) Return Method:        |                             |            |  |
| Pr                                | epaid DHL Air Bill          |            |  |

Self-Addressed Stamped Envelope

Prepaid Federal Express Air Bill

Prepaid UPS Air Bill