

Application for public document legalization
(please complete in legible handwriting in block letters or electronically)

Name and surname (to be completed by natural persons only)	
Address (to be completed by natural persons only)	
Company name (to be completed by legal entities only)	
Legal address (to be completed by legal entities only)	
Telephone; E-mail (mandatory)	
Total number of documents	
Application processing time (tick as appropriate)	<input type="checkbox"/> in 5 working days

Public document

Title of document	
To be legalized (tick as appropriate)	<input type="checkbox"/> The original document <input type="checkbox"/> Translation of the document <input type="checkbox"/> Extract from, or copy of the document
Purpose of use of the document after legalization	
In which country the document will be used	
Notes, including the person entitled to receive the legalized document (if different from the applicant)	

I agree that the data submitted are used in the legalization process

(date*)

(name and surname)

(signature*)

Dienesta atzīmes

Dokumentus pieņēma	
_____	_____
(datums)	(paraksts)
Legalizēto dokumentu skaits	_____
Numurs, ar kādu legalizēts(-i) dokuments(-i)	_____

(paraksts)	

I certify that I have received the legalized documents

(date) (name and surname) (signature)