

APPLICATION FOR CERTIFICATION OF PUBLIC DOCUMENT BY APOSTILLE

DATA ABOUT THE APPLICANT

Given name and surname / Name and registry code of a legal person

---

Contact data

---

Telephone number

E-mail address

DATA ABOUT THE DOCUMENT TO BE CERTIFIED AND TYPE OF APOSTILLE

Which is the form of the document you wish to certify by apostille?

Digital document

*Please send a digital document by e-mail to the notary's office.*

Paper document

---

**Type of apostille** *Before applying for an e-apostille, make sure that the recipient (official or other person of the state where the document is to be used) is prepared to accept a document certified by e-apostille.*

e-apostille

paper apostille

---

**Do you wish the contents of the document to be certified by apostille to be visible for the person who checks the apostille in the register of apostilles?** *If you wish to use in another country the document to be certified by an e-apostille, the contents of the document must be visible, otherwise it is not possible to use the document.*

Yes

No

---

Select the type of document to be certified by apostille:

Print-out from the marital property register

Certificate of capacity to marry

Document certifying education

Print-out from the criminal records database

Print-out from the land register

Judicial decision or other document issued by court

Print-out from the ship register

Document issued by the Tax and Customs Board

Notarised document

Document certifying vital statistics data

Document issued by the Police and Border Guard Board

Print-out from the population register	<input type="checkbox"/>	
Document certifying the provision of health care services	<input type="checkbox"/>	
Print-out from the commercial register, non-profit associations and foundations register and commercial pledge register	<input type="checkbox"/>	
Other administrative document	<input type="checkbox"/>	
Other document	<input type="checkbox"/>	_____

**STATE WHERE THE DOCUMENT IS TO BE USED**

---

**FORM OF DELIVERY OF CERTIFIED DOCUMENT**

BY PERSONAL DELIVERY  
 BY POST  
 BY E-MAIL *Only for e-apostille applications.*

**INVOICING DATA**  
*To be provided in case the recipient of the invoice is not the applicant*

**Name (registry code of a legal person), address of the recipient of the invoice**

---

DATE (dd/mm/yyyy) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Applications sent by e-mail must be signed digitally.*

*The application is deemed accepted after receipt of the application and the document to be certified by apostille.  
The apostille shall be issued within five working days from the date of accepting the application.*