



CALGARY IMMIGRANT WOMEN'S ASSOCIATION
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TRANSLATION REQUEST FORM

TRANSLATION SERVICE DETAILS

DOCUMENT TYPE MARRIAGE CERTIFICATE BIRTH CERTIFICATE DRIVER'S LICENSE UNIVERSITY DEGREE TRANSCRIPT OTHER

REQUESTOR NAME				PHONE			E-MAIL		
# DOCUMENTS			# PAGES						
REASON FOR TRANSLATION			ADDITIONAL INFORMATION						
LANGUAGE									
DELIVERY DEADLINE	<input type="checkbox"/> URGENT (3 BUSINESS DAYS) <input type="checkbox"/> REGULAR (5 - 7 BUSINESS DAYS)								
DELIVERY METHOD	<input type="checkbox"/> PICKUP DELIVERY BY MAIL <input type="checkbox"/>			PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> Credit					
NOTARIZATION REQUIRED:				<input type="checkbox"/> Yes <input type="checkbox"/> No					
MAILING ADDRESS*	UNIT #	STREET NO. & NAME	CITY	PROVINCE	POSTAL CODE	COUNTRY			

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