



VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

**AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$** _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN__



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BIRTH CERTIFICATE REQUEST **BORN ABROAD (OUTSIDE OF U.S.)**

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1-NOTARIZED</u>
PASSPORT TYPE PHOTO (S):	<u>N/A</u>	ITINERARY/TICKET:	<u>N/A</u>
COMPANY LETTER:	<u>N/A</u>	DRIVERS LICENSE:	<u>1-COPY</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>1-NOTARIZED</u>
OTHER:	<u>IF THE APPLICANT IS A MINOR, WE WILL NEED A RELEASE LETTER FROM BOTH PARENTS AND A COPY OF BOTH OF THEIR I.D.</u>		

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

FEES PER PERSON:

VIP SERVICE FEE:	<u>\$75.00</u>
STATE DEPARTMENT FEE:	<u>\$50.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES: <u>FEDEX TO AND FROM D.C.</u>	<u>\$58.00</u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

***FEDERAL EXPRESS FEES:**

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DLVY	\$75.00

**** VISA PROCESSING TIME**

AVERAGE PROCESSING TIME: 4 TO 6 WEEKS

COMMENTS: **PLEASE SEND A COPY OF THE PREVIOUSLY ISSUED CERTIFICATE IF AVAILABLE. IF THE CERTIFICATE IS TO BE USED TO SUPPORT A REQUEST FOR A VISA, PLEASE BE SURE TO LET US KNOW FOR WHICH COUNTRY AND IF YOU NEED IT TO BE AUTHENTICATED OR LEGALIZED.**

REVISED: 3-2-2015 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations



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RELEASE LETTER

STATE DEPARTMENT
WASHINGTON, DC

DEAR STATE DEPARTMENT REPRESENTATIVE,

I, _____, AUTHORIZE YOUR OFFICE TO DISCUSS THE STATUS OF
AND TO RELEASE MY CERTIFICATE OF BIRTH BORN ABROAD TO: "VIP SERVICES", OR
_____, MY AGENTS IN EXPEDITING MY CERTIFICATE.

SINCERELY,

APPLICANTS SIGNATURE

APPLICANTS NAME

THIS SIGNATURE WAS WITNESSED BEFORE ME ON
THIS _____ DAY OF _____ 200__.

NOTARY SIGNATURE & SEAL

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CONSULAR VITAL RECORD SEARCH REQUEST FORM

YOUR REQUEST MUST BE PROPERLY NOTARIZED. PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER PHOTO IDENTIFICATION.

DATE: _____ PURPOSE OF REQUEST: _____

NAME AT BIRTH / DEATH / MARRIAGE (CIRCLE ONE): _____

NAME AFTER ADOPTION (IF APPLICABLE): _____

DATE OF BIRTH / DEATH / MARRIAGE (CIRCLE ONE): ____/____/____

FATHER'S INFORMATION:

NAME: _____

DATE & PLACE OF BIRTH
(STATE/COUNTRY) OF BIRTH: _____

MOTHER'S INFORMATION:

NAME: _____

DATE & PLACE OF BIRTH
(STATE/COUNTRY) OF BIRTH: _____

**IF YOU POSSESS A REPORT OF BIRTH/DEATH OR CERTIFICATE OF WITNESS TO MARRIAGE,
PLEASE ENCLOSE A COPY TO AID IN OUR FILE SEARCH.**

PASSPORT – FIRST ENTRY INTO THE UNITED STATES

NAME OF BEARER: _____

PASSPORT NUMBER: _____ DATE OF ISSUANCE: ____/____/____

DATE OF INCLUSION

(IF PASSPORT WAS NOT ISSUED TO THE SUBJECT: ____/____/____)

CURRENT PASSPORT INFORMATION

NAME OF BEARER: _____

PASSPORT NUMBER: _____ DATE OF ISSUANCE: ____/____/____

SIGNATURE (MUST BE NOTARIZED): _____ **DATE** _____

ADDRESS: _____

DAYTIME PHONE NUMBER: ____-____-____

CELL PHONE NUMBER: ____-____-____

EMAIL ADDRESS : _____

STATE OF _____

BEFORE ME, _____, NOTARY PUBLIC IN THE STATE OF _____,

ON THIS DAY, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND WHO ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION EXPRESSED HEREIN.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 201__.

NOTARY PUBLIC, STATE OF _____ MY COMMISSION EXPIRES ON: _____