



# VIP SERVICES

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vipassports.com](http://www.vipassports.com) Email: [info@vipassports.com](mailto:info@vipassports.com)

## WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

### BILLING INFORMATION:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### RETURN DOCUMENTS TO:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: \_\_\_\_\_  
  
YOUR COMPANY P.O. OR REF#: \_\_\_\_\_  
  
AUTHORIZED AMOUNT TO CHARGE MY  
CREDIT CARD: US\$ \_\_\_\_\_

### CREDIT CARD INFORMATION:

TYPE OF CARD: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
  
SIGNATURE OF CARD HOLDER  
REQUIRED: \_\_\_\_\_

STATE WHERE THE BIRTH OCCURRED: \_\_\_\_\_

WILL YOU REQUIRE THE BIRTH CERTIFICATE TO BE LEGALIZED BY THE EMBASSY? IF  
SO WHICH COUNTRY WILL THE DOCUMENT BE USED IN: \_\_\_\_\_

NUMBER OF ORIGINAL COPIES REQUIRED: \_\_\_\_\_

RETURN THE COMPLETED DOCUMENT BACK VIA: \_\_\_\_\_

DATE YOU NEED THE COMPLETED DOCUMENT: \_\_\_\_\_

PURPOSE FOR THE BIRTH CERTIFICATE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





State of Florida  
 Department of Health  
 Office of Vital Statistics  
 APPLICATION FOR FLORIDA BIRTH RECORD

**Requirement for ordering:** If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide a copy of a **valid photo identification**. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)
PLACE OF BIRTH	HOSPITAL	CITY OR TOWN		COUNTY
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST	MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX

A BIRTH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF \$9.00 AND VALID PHOTO IDENTIFICATION.

A Computer Certification requires the \$9.00 fee which entitles the applicant to one registered birth (1930 to present) or if a record is not found, a certified "No Record Found" statement will be issued.

- The Computer Certification is recognized and accepted by ALL State and Federal Agencies.
- If birth occurred prior to 1930 select Computer Certification for \$9.00.
- **Normal processing time is 3-4 business days**, provided the record and application are complete and in order.

\$9.00	X		=		\$
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A Photocopy Certification (*In place of a Computer Certification*) requires an additional charge of \$5.00 and includes the \$9.00 search fee. Normal processing time is approximately 10 business days.

Definitions of the two types of Certifications are on the reverse side.

**Additional Computer Certifications:**

\$4.00 for each subsequent Computer Certification

**Additional Photocopy Certifications:**

\$4.00 for each subsequent Photocopy Certification

**Additional Years to be Searched:**

\$2.00 for each additional year. The maximum additional year search fee is \$ 50.00 regardless of the total number of years to be searched. (**Indicate the range of years to be searched in the 2nd Box.**)

\$14.00	X		=		\$
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\$4.00	X		=		\$
--------	---	--	---	--	----

\$4.00	X		=		\$
--------	---	--	---	--	----

\$2.00	X		=		\$
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**Commemorative Birth Certificate** signed by the present Governor and suitable for framing. The cost is \$25.00 and you must also order a \$ 9.00 Computer Certification in order to obtain the Commemorative Birth Certificate. (**Allow 4-6 weeks for delivery**)

To view a sample, visit our website at: [http://www.doh.state.fl.us/planning\\_eval/vital\\_statistics/commem.htm](http://www.doh.state.fl.us/planning_eval/vital_statistics/commem.htm)

\$25.00	X		=		\$
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**RUSH ORDERS** (Optional): RUSH Fees are an additional \$10.00.

If you desire RUSH service, mark the outside of your envelope "**RUSH**" (*Processing time is 1-2 business days*)

\$10.00	X	1	=		\$
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**TOTAL AMOUNT ENCLOSED:** Check or Money Order Payable to: Vital Statistics. (**DO NOT SEND CASH**)

International payments should be made by Cashiers Check or Money Order in U. S. Dollars.

**Florida Law imposes an additional service charge of \$15.00 for dishonored checks.**

	=		\$
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APPLICANT NAME/DELIVERY INFORMATION

**Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.**

Applicant's Name	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
TYPE OR PRINT	STEPHEN	D	LEIGHTON	
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	CITY		STATE	ZIP CODE
2012 LOUISIANA ST	HOUSTON		TX	77002
HOME PHONE NUMBER	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT	
713-659-8472	AUTHROIZED			
WORK PHONE NUMBER	REPRESENTATIVE			
800-856-8472				
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			

**IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.**

SHIP TO NAME	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
TYPE OR PRINT	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT. NO. IF APPLICABLE)			
	***PLEASE RETURN USING THE ATTACHED AIRBILL***			
WORK PHONE NUMBER	CITY		STATE	ZIP CODE



# VIP SERVICES

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Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto:info@vippassports.com)

STATE OF: FLORIDA

COUNTY OF: \_\_\_\_\_

## **AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE**

*By law, **Birth Certificates** can be issued only to the registrant (the child's named on the record) if of the legal age (18) or emancipated, parent, guardian, or legal representative of one of these persons or by court order.*

**NOTE:** *To obtain a birth certificate under a false or fraudulent purpose is a third degree felony, punishable by the terms and conditions of the state.*

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
(Print Name of Person Giving Affidavit)

who after being duly sworn and deposes:

My name is \_\_\_\_\_. I am authorized by law to receive the birth certificate  
(Print Name of Person Giving Affidavit)

of \_\_\_\_\_. I am the (check applicable box).  
(Print Registrant's Full Name)

- Child named on birth certificate.
- Parent(s) listed on child's birth certificate.
- Legal guardian of the child named on the birth certificate.
- Legal representative of the person applying for birth certificate.

I hereby authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

\_\_\_\_\_ to STEPHEN LEIGHTON / VIP SERVICES

## **FURTHER AFFIANT SAYETH NAUGHT**

I hereby swear or affirm the above statements are true and correct.

Relationship to REGISTRANT:

- Child named on birth certificate.
- Parent(s) listed on child's birth certificate.
- Legal guardian of the child named on the birth certificate.
- Legal representative of the child or parent named on the birth certificate.

\_\_\_\_\_  
(Signature of person authorized to release birth certificate)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_, who is:  Personally Known by me or  Produced  
(Print Name of Authorized individual)

Identification \_\_\_\_\_. My Commission expires: \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

**Specializing in Visas, Passports, Document Legalization and Translations**