



VIP SERVICES

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: _____

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: _____



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BIRTH CERTIFICATE INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: BIRTH CERTIFICATE-OKLAHOMA

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1</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:	_____		

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

FEES PER PERSON:

STATE FEE:	<u>\$15.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (3-4 DAYS RUSH)	_____
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

***FEDERAL EXPRESS FEES:**

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

****VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 4 WEEKS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE BIRTH CERTIFICATE ISSUED ON A RUSH PROCESS (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 12-18-08 JEN

Birth Certificate Request



Requirements:

- 1) This request must be completed in full.
- 2) Enclose a copy of a current legal photo ID (See back for list of acceptable IDs)
- 3) Enclose appropriate fees
- 4) Person requesting to receive a birth certificate must sign below

Full Name at Birth: (If a change to the name has occurred, please see instruction sheet)

First Middle Last

Date of Birth: ____ / ____ / ____ Female Male Place of Birth: _____, OKLAHOMA
Month Day Year City and/or County

Full Name of Father: _____
First Middle Last

Full MAIDEN Name of Mother: _____
First Middle Last Name prior to first marriage

This request is being made by:

Person Himself/Herself Parent Legal Guardian or Custodian Authorized Agent, must specify: _____

Current Address (REQUIRED):

Name STEPHEN LEIGHTON Daytime Telephone Number: (713) 659 - 8472
Street Address 2012 LOUISIANA STREET Apt _____ City, State and Zip HOUSTON, TX 77002

Purpose for which the birth certificate is needed:

Drivers License Social Security Passport School State Assistance Pgm Other, specify: _____



By signing below, I declare that all information provided on this request is true and correct.

Signature: _____ Date Signed: _____
(Request will not be processed without the signature of the requestor and established eligibility.)

Fees

A fee is to be paid for a search of the files or records, even when no copy is available. Search fees are non-transferable and non-refundable.

_____ Number of certified copies requested (\$15 each and includes search fee)
_____ Delayed registration, amendment, paternity, adoption, or legitimation fee (\$40 - Includes one certified copy)
_____ Number of Heirloom certificates requested: (\$35 each and includes one certified copy)
_____ Total Amount enclosed

OFFICE USE ONLY

Issuance

Mail
Reviewed by: _____
Date: ____ / ____ / ____
Fees Enclosed: \$ _____
Fees Due: \$ _____
ID Enclosed: _____

Copies Issued: _____
Date Completed: ____ / ____ / ____
Issued by: _____
Other: _____

Front Desk

Clerk: _____
Date: _____
Fees Paid: \$ _____
Fee Type: Check Cash MO



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RELEASE LETTER

VITAL RECORDS OFFICE

I, _____, AUTHORIZE YOUR VITAL RECORDS OFFICE TO DISCUSS THE STATUS OF THE BIRTH CERTIFICATE FOR _____ WITH “**VIP SERVICES**” AS THEY WILL BE EXPEDITING MY SERVICE.

I AM THE:

- CHILD LISTED ON THE BIRTH CERTIFICATE
- BIOLOGICAL MOTHER LISTED ON BIRTH CERTIFICATE
- BIOLOGICAL FATHER LISTED ON BIRTH CERTIFICATE
- LEGAL REPRESENTATIVE OF THE CHILD/MOTHER/FATHER LISTED ON BIRTH CERTIFICATE
- OTHER: (SPECIFY/SHOW RELATIONSHIP) _____

SINCERELY,

SIGNATURE

NAME-PRINT

THIS SIGNATURE WAS WITNESSED BEFORE ME ON THIS _____ OF _____ 20____.

NOTARY SIGNATURE & SEAL