



# 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](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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: \_\_\_\_\_

### **CREDIT CARD INFORMATION:**

CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_

**SIGNATURE OF CARD HOLDER  
(REQUIRED):** \_\_\_\_\_

### **BILLING INSTRUCTIONS:**

YOUR P.O. or REF. #: \_\_\_\_\_

**AUTHORIZED AMOUNT TO CHARGE:**  
US\$ \_\_\_\_\_

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: \_\_\_\_\_

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

### **HOW DID YOU HEAR ABOUT VIP?**

REPEAT CUSTOMER \_\_\_\_ INTERNET \_\_\_\_ REFERRED \_\_\_\_ BY \_\_\_\_\_ WALK-IN \_\_\_\_



OFFICE USE ONLY

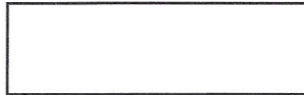
Certificate # \_\_\_\_\_

Document Control # \_\_\_\_\_

By \_\_\_\_\_



**VITAL STATISTICS**



OFFICE USE ONLY

Remit No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

\_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card

Date \_\_\_\_\_

By \_\_\_\_\_

**APPLICATION FOR BIRTH OR DEATH RECORD**

**Birth Certificates**

NUMBER REQUESTED

\_\_\_\_\_ FULL CERTIFIED COPY X \$22.00  
 \_\_\_\_\_ STANDARD CERTIFIED COPY X \$22.00  
 \_\_\_\_\_ HEIRLOOM X \$60.00

PLEASE PRINT

**Death Certificates**

NUMBER REQUESTED

\_\_\_\_\_ CERTIFIED COPY X \$20.00  
 \_\_\_\_\_ EXTRA COPIES OF SAME RECORD X \$3.00

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

7. YOUR NAME: \_\_\_\_\_ 8. TELEPHONE #: ( ) \_\_\_\_\_

9. MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

11. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

SOCIAL SECURITY NUMBER OF DECEASED \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTH PLACE, ETC. \_\_\_\_\_

13. If certified copy is to be mailed to some other person, please complete:

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

For any search of the files where a record is not found, the searching fee is non-refundable or transferable. Checks for the amount of purchase only.

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**APPLICATIONS WITHOUT VALID PHOTO ID WILL NOT BE PROCESSED**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Rec'd \_\_\_\_\_ Date \_\_\_\_\_



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## RELEASE LETTER

VITAL RECORDS OFFICE

I, \_\_\_\_\_, AUTHORIZE YOUR VITAL RECORDS OFFICE TO DISCUSS THE STATUS AND RELEASE OF THE BIRTH CERTIFICATE FOR \_\_\_\_\_ THROUGH "**VIP SERVICES**", OR \_\_\_\_\_ 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