



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 – WASHINGTON

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>\$20.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u>_____</u>

***RETURN DELIVERY FEES:**

FED-EX PRIORITY	\$29.00	AVERAGE PROCESSING TIME	<u>3-4 WEEKS</u>
FED-EX 2 DAY DELIVERY	\$23.50		
FED-EX 3 DAY DELIVERY	\$19.50	PREPARED BY:	_____
SATURDAY DELIVERY	\$41.50	TODAY'S DATE:	_____

COMMENTS: _____

REVISED: 12-22-08 JEN

Specializing in Visas, Passports, Document Legalization and Translations



MAIL-IN CERTIFICATE REQUEST FORM

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

PLEASE RETURN USING ATTACHED FEDEX AIRBILL

Birth Certificates EXACT INFORMATION REQUIRED

Certified Birth Certificates x \$20.00 Paternity Sealed Files x \$15.00
Heirloom Birth Certificates x \$40.00 Adoption Sealed Files x \$15.00

Name on Record (first middle & last) _____
Exact Date of Birth _____ City or County of Birth _____
Father's (first middle & last) Name (or "not named") _____
Mother's (first middle & MAIDEN LAST) Name _____

Death Certificates

Certified Death Certificates x \$20.00
Name on Record _____
Approximate Date of Death _____ Date of Birth (if known) _____
City or County of Death _____ Spouse (if known) _____

Marriage & Divorce Certificates

Marriage Certificates x \$20.00 Divorce Certificates x \$20.00
Husband's Name _____
Wife's Maiden Name _____
Approximate Date of Marriage _____ Licensing County _____
Approximate Date of Divorce _____ Filing County _____

Total # of Certified Copies _____ x \$20.00
Total # of Heirloom Copies _____ x \$40.00
Total # of Sealed Files _____ x \$15.00

Acceptable forms of payment:
Check or MO
Payable to DOH
Mail to:
Washington State Department of Health
PO Box 9709
Olympia WA 98507-9709
(360) 236-4300

First Class Mail (allow 3-4 weeks for delivery) [] no additional charge
Express Mail Delivery (street address or PO Box) \$16.50 []
Federal Express Delivery (AIRBILL INCLUDED) [X] **INCLUDED**
Fed Ex to AK/HI/Canada/Mexico (street address only) \$25.00 []

TOTAL AMOUNT DUE \$ _____



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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