



# VIP SERVICES

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: \_\_\_\_\_

### 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 – DIST. OF COLUMBIA

### **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:	_____
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
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: 2 WEEKS

COMMENTS: IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.  
LONG FORM BIRTH CERTIFICATES ARE \$23.00 EACH  
COMPUTER SHORT-FORM BIRTH CERTIFICATES ARE \$18.00 EACH.

REVISED: 12-17-08 JEN

# BIRTH CERTIFICATE REQUEST

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## STATE CENTER FOR HEALTH STATISTICS ADMINISTRATION

FOR DISTRICT OF COLUMBIA OCCURRENCES ONLY

CERTIFICATE HOLDER'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX:  MALE  FEMALE

HOSPITAL(IF KNOWN): \_\_\_\_\_

CITY: \_\_\_\_\_ WASHINGTON, D.C.

FATHER'S NAME: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

MOTHER'S NAME: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

NUMBER OF ORIGINAL CERTIFICATE FORMS REQUESTED: \_\_\_\_\_

(\$23.00 EACH)

NUMBER OF COMPUTER CERTIFICATE SHORT FORMS REQUESTED: \_\_\_\_\_

(\$18.00 EACH)

TOTAL AMOUNT ENCLOSED:

RELATIONSHIP TO CERTIFICATE HOLDER:  SELF  MOTHER  FATHER

OTHER: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### MAIL CERTIFICATE TO:

NAME: \_\_\_\_\_ \*\*\*PLEASE USE ATTACHED RETURN AIRBILL\*\*\*

ADDRESS: \_\_\_\_\_ \*\*\*SEE ATTACHED AIRBILL\*\*\*

CITY/STATE/ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ 713-659-8472

\*\*IF RECORD IS NOT LOCATED A "Certificate of Search" WILL BE ISSUED.



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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