



VIP SERVICES

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vipassports.com Email: 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: _____



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BIRTH CERTIFICATE INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: BIRTH CERTIFICATE-STATE OF GEORGIA

DOCUMENTS REQUIRED:

VALID PASSPORT:	_____	APPLICATION (S):	<u>1-COPY</u>
PASSPORT TYPE PHOTO (S):	_____	ITINERARY/TICKET:	_____
COMPANY LETTER:	_____	DRIVERS LICENSE:	<u>1-COPY</u>
COPY OF INVITATION:	_____	RELEASE LETTER:	<u>1-NOTARIZED</u>
OTHER:	***PLEASE SEE IMPORTANT NOTE BELOW***		

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

FEES PER PERSON:

STATE FEE:	_____	\$25.00
VIP SERVICE FEE:	_____	\$75.00
MONEY ORDER FEE:	_____	\$3.00
OTHER FEES:	_____	_____
*ADD RETURN DELIVERY:	_____	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____	_____

***FEDERAL EXPRESS FEES:**

****VISA PROCESSING TIME**

PRIORITY LETTER	\$29.00	REGULAR PROCESSING TIME:	<u>4 TO 5 WEEKS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50		
SATURDAY LETTER	\$41.50		

COMMENTS: ON THE APPLICATION, PLEASE ONLY COMPLETE THE QUESTIONS REGARDING THE INFORMATION FOR THE CHILD LISTED ON THE BIRTH CERTIFICATE AND HOW MANY COPIES YOU ARE REQUESTING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 03-03-2013 (DM-SDL)

PLEASE RETURN THIS FORM TO: VITAL RECORDS, 2600 SKYLAND DRIVE, NE, ATLANTA, GA 30319

Please indicate below the type and number of copies requested and forward this form with either a money order or certified check for the correct amount, made payable to Vital Records.

- Full size copy \$25.00
Additional copies \$5.00 each at this time
- Total number of copies Requested
- Amount Received \$ _____
- Photocopy of valid photo ID

BIRTH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

Name at birth: _____
(first) (middle) (last) (t)

Date of birth: _____ Age: _____ Race: _____ Sex: _____

Place of birth: _____
(hospital) (city) (county) (state)

Full name of father: _____

Full name of mother before marriage: _____

DEATH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING DECEDENT

Name: _____

Date of death: _____ Age: _____ Race: _____ Sex: _____

Place of death: _____
(hospital) (city) (county) (state)

If married, name of husband or wife: _____

Occupation of deceased: _____

Funeral director's name: _____

Name of doctor: _____

Place of burial: _____
(city) (county) (state)

MAILING ADDRESS

List below the name and address of the person to whom the certificate is to be mailed and indicate their relationship to the person whose name is on the certificate:

Name: _____ Relationship: _____

Address: _____
(No. & Street or RFD and Box No.) (Apt. No.)

_____ (city) (state) (zip code)

Phone: _____



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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**” AND/OR DEANNA MARTINEZ, 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