



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 – ARKANSAS

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1-NOTARIZED</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>\$12.00</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>7-10 DAYS</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: 12-19-08 JEN

Specializing in Visas, Passports, Document Legalization and Translations

ARKANSAS DEPARTMENT OF HEALTH

Vital Records Section-Slot 44

4815 West Markham Street

Little Rock, AR 72205

Date _____

BIRTH CERTIFICATE APPLICATION

Only Arkansas births are recorded in this office. There are a limited number of birth records filed in this office prior to February 1, 1914. The fee is \$12.00 for the first copy ordered and \$10.00 for each additional copy of the same record. The fee must accompany the application. Send check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Of the total fee you send, \$12.00 will be kept to cover search charges if no record of the birth is found. Only the names and dates listed will be searched for the \$12.00 fee. Names and other dates submitted later will require an additional \$12.00 non-refundable fee. Mail this application and the money to the address above. Please allow 4-6 weeks for delivery.

List Below All Possible Birth dates and Names Under Which the Certificate May be Registered (Type or Print)

1 Full Name at Birth	First Name	Middle Name	Last Name			
2 Date of Birth	Month	Day	Year	Sex	Race	Age Last Birthday
3 Place of Birth	City or Town		County	State		Order Of This Birth (1st, 2nd, 3rd, etc.)
	Name of Hospital or Street Address				Name of Attendant at Birth	
4 Full Name of Father	First Name	Middle Name	Last Name			
5 Full Maiden Name of Mother (Name Before Marriage)	First Name	Middle Name	Last Name			

If this child has been adopted, please give original name if known.

If you have received a copy before, please give certificate number. _____

If this is a delayed certificate, when was it filed? _____

What is your relationship to the person whose certificate is being requested?

AUTHORIZED REPRESENTATIVE

What is your reason for requesting this certificate?

Is the person whose certificate is being requested still living? Yes No

Signature and telephone number of person requesting this certificate.

DO NOT WRITE IN THIS SPACE	
Name of Searcher	
Index	
Delayed	Prior
Volume Number	
Page Number	Year

Certificates may also be ordered by the following methods:

Internet: www.expressvitalrecords.com or www.vitalchek.com. The service fee and the certificate fee are charged to your debit or credit card. (Visa, Master Card, Discover or American Express). Overnight shipping is available for an additional fee.

OR

Telephone: Toll free (888) 803-1118 or (866) 209-9482. The service fee and the certificate fee are charged to your debit or credit card. (Visa, Master Card, Discover or American Express). Overnight shipping is available for an additional fee.

OR

Walk-in: You may order a certified copy of the birth record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 4:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205. Please order family history and genealogy by mail or internet

Please **PRINT** below the name and address of the person who is to receive this request.

PLEASE RETURN

USING ATTACHED

AIRBILL

Copy (s)

CARD(S)* *Not valid for federal or state identification purposes.

HOW MANY
1st copy or card costs \$12.00
Each additional copy or card costs \$10.00

AMOUNT OF MONEY ENCLOSED \$ _____

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105).



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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