



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

VISA PROCESSING  
LIST COUNTRIES

AND  
AND

CONSULATE FEES:  
CONSULATE FEES:

_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

TRAVELERS NAME: \_\_\_\_\_

DATE OF USA DEPARTURE: \_\_\_\_\_

DATE YOU NEED PASSPORT: \_\_\_\_\_

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



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## BIRTH CERTIFICATE INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: CERTIFICATE OF BIRTH BORN ABROAD

### DOCUMENTS REQUIRED:

VALID PASSPORT:	_____	APPLICATION (S):	<u>1-NOTARIZED</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:	<u>IF THE APPLICANT IS A MINOR WE WILL NEED A RELEASE LETTER FROM BOTH PARENTS AND A COPY OF BOTH OF THEIR I.D.'S.</u>		

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

### FEES PER PERSON:

VIP SERVICE FEE:	_____	\$75.00
STATE DEPARTMENT FEE:	_____	\$30.00
MONEY ORDER FEE:	_____	\$3.00
OTHER FEES: <u>FEDEX TO AND FROM D.C.</u>	_____	\$58.00
*ADD RETURN FEDERAL EXPRESS FEE:	_____	
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____	

### \*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00	AVERAGE PROCESSING TIME	<u>4-8 WEEKS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50	PREPARED BY:	_____
SATURDAY LETTER	\$41.50	TODAY'S DATE:	_____

COMMENTS: PLEASE SEND A COPY OF THE PREVIOUSLY ISSUED CERTIFICATE IF AVAILABLE. IF THE CERTIFICATE IS TO BE USED TO SUPPORT A REQUEST FOR A VISA, PLEASE BE SURE TO LET US KNOW FOR WHICH COUNTRY AND IF YOU NEED IT TO BE AUTHENTICATED OR LEGALIZED.

REVISED: 7-16-2010 (EL)

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## RELEASE LETTER

STATE DEPARTMENT  
WASHINGTON, DC

DEAR STATE DEPARTMENT REPRESENTATIVE,

I, \_\_\_\_\_, AUTHORIZE YOUR OFFICE TO DISCUSS THE STATUS OF  
AND TO RELEASE MY CERTIFICATE OF BIRTH BORN ABROAD TO: "VIP SERVICES", OR  
\_\_\_\_\_, MY AGENTS IN EXPEDITING MY CERTIFICATE.

SINCERELY,

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
APPLICANTS NAME

THIS SIGNATURE WAS WITNESSED BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE & SEAL

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# CONSULAR VITAL RECORD SEARCH REQUEST FORM

DATE: \_\_\_\_\_ PURPOSE OF REQUEST: \_\_\_\_\_

NAME AT (CIRCLE ONE)  
BIRTH/DEATH/MARRIAGE: \_\_\_\_\_

NAME AFTER ADOPTION (IF APPLICABLE): \_\_\_\_\_

DATE OF (CIRCLE ONE) COUNTRY OF (CIRCLE ONE)  
BIRTH/DEATH/MARRIAGE: \_\_\_\_\_ BIRTH/DEATH/MARRIAGE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
DATE & PLACE (STATE/COUNTRY) OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
DATE & PLACE (STATE/COUNTRY) OF BIRTH: \_\_\_\_\_

**IF YOU POSSESS A REPORT OF BIRTH/DEATH OR CERTIFICATE OF WITNESS TO MARRIAGE, PLEASE ENCLOSE A COPY TO AID IN OUR FILE SEARCH.**

## PASSPORT - FIRST ENTRY INTO THE UNITED STATES

NAME OF BEARER: \_\_\_\_\_  
DATE OF ISSUANCE: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_  
DATE OF INCLUSION (IF PASSPORT WAS NOT ISSUED TO THE SUBJECT): \_\_\_\_\_

## CURRENT PASSPORT INFORMATION

NAME OF BEARER: \_\_\_\_\_  
DATE OF ISSUANCE: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

**NOTARIZED SIGNATURE:** \_\_\_\_\_  
(SUBJECT, PARENT, OR GUARDIAN)

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(DAYTIME)

**NOTICE:** If you are requesting an amendment or correction to a Consular Report of Birth Abroad, please include certified copies of all documents appropriate for effecting the change (i.e., foreign birth certificate, marriage certificate, court ordered adoption or name change, birth certificates of adopting or legitimating parents, etc.). The original or replacement FS-240, or a notarized affidavit concerning its whereabouts also must be included.

## PLEASE INDICATE THE NUMBER OF DOCUMENTS DESIRED

**REPORT OF BIRTH (FS-240) (\$30.00 ONE REPLACEMENT ONLY)** \_\_\_\_\_  
(NOTE: Request for an FS-240 MUST include the original FS-240 or a notarized affidavit attesting to its disposition.)

For the following documents \$30.00 for 1<sup>st</sup> copy; \$20.00 for each additional copy:

**CERTIFICATION OF BIRTH (DS-1350)** \_\_\_\_\_  
**REPORT OF DEATH** \_\_\_\_\_  
**PANAMA CANAL ZONE BIRTH OR DEATH CERTIFICATE** \_\_\_\_\_  
**CERTIFICATE OF WITNESS TO MARRIAGE** \_\_\_\_\_  
**CERTIFICATION OF NO RECORD** \_\_\_\_\_

Check or Money Order must be signed, dated, and made payable to Department of State.  
Remittance must be payable in U.S. dollars through a U.S. bank.  
**PLEASE DO NOT SEND CASH.**

**NOTICE: YOUR REQUEST MUST BE PROPERLY NOTARIZED. Please include a copy of your driver's license or other photo identification.**