



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: _____

Colorado Department of Public Health and Environment

Vital Records Section HSVR-VR-A1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530
 (303)692-2200
 www.cdphe.state.co.us/certs

For Office Use Only	
ID _____	Cash _____
ISS _____	CK _____
	CC _____
	Other _____
SF# _____	

Application for Certified Copy of Birth Certificate

Colorado has birth records for the entire state since 1910. Certified copies of certificates are also available from county offices (see reverse side).

Requestor Information

Print name of person making request	First STEPHEN	Middle D	Last LEIGHTON	Reason for request:
Mailing Address	2012 LOUISIANA ST.	City HOUSTON	State TEXAS	Zip 77002
Daytime Phone	(713) 659-8472			
Physical Address	2012 LOUISIANA ST.	City HOUSTON	State TEXAS	Zip 77002
Alt Phone Number	(800) 856-8472			

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118)

PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT.

(To review the full list of primary and secondary identification, please visit www.cdphe.state.co.us/certs)

By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses.	Relationship to Registrant (person named on certificate) <i>*see reverse side</i>	Today's date
	REPRESENTATIVE OF APPLICANT <i>Please submit proof of relationship</i>	

Registrant Information

Information about person whose birth certificate is being requested — please type or print.
 If adopted, provide adoptive information and see special service on other side.

Full Name at Birth	First	Middle	Last
Date of Birth	Month	Day	Year
			— — — —
Is this Person Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ___/___/___		
State Where Death Occurred:	_____		
	<i>Please provide certified copy of death certificate</i>		
Place of Birth	City	County	State
			Colorado ONLY
Full Name of Father	First	Middle	Last
Full Name of Mother	First	Middle	Maiden Last Name (name prior to first marriage)

Check here if you are requesting a certificate of stillbirth

Ways to Order

Apply in person for same-day service. Office hours are from 8:30 a.m. to 4:45 p.m., Monday–Friday.

Order certificate online** at www.cdphe.state.co.us/certs Certificate(s) mailed next work day upon receipt of all required documentation.

Fax your application with credit card information**: within continental U.S. fax 1-800-423-1108; outside continental U.S. fax 1-303-691-9307. Certificate(s) mailed at the end of five business days upon receipt of all required documentation.

Mail in application with check, money order, or credit card information. Make check or money order payable to *Vital Records*. Please do not send cash. Certificate(s) mailed within three weeks upon receipt of all required documentation.

**\$6.00 convenience charge to be added.

Credit Card Orders**

Card Type: Visa Mastercard Discover American Express

Cardholder Name: XX

Card Number: XX

Exp. Date: XXX / XXXXXX

**\$6.00 convenience charge to be added.

Charges

Cost of certificates:	
\$17.75 for 1st copy (or search when no record found)	\$ _____
\$10 for each additional copy of same record ordered at same time	\$ _____
\$6 credit card convenience charge (walk-ins excluded)	\$ _____
\$50 for each heirloom copy	\$ _____
Please check one:	
<input type="checkbox"/> Regular mail (\$0.00 - no additional charge for regular mail)	
<input type="checkbox"/> Fed Ex – within continental U.S. (\$20.00)	\$ _____
<input type="checkbox"/> Express Mail – within continental U.S. (\$16.40)	\$ _____
Total	\$ _____

_____ Number of standard copies
 _____ Number of heirloom copies
 _____ Total copies ordered



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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