



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 DELAWARE

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1-COPY</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>\$10.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (LESS THAN 4 DAYS)	_____
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: 4-7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE BIRTH CERTIFICATE ISSUED ON A RUSH PROCESS (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 12-18-08 JEN



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG
417 FEDERAL ST.
DOVER, DELAWARE 19901

Application for a Certified Copy of a Delaware Birth Certificate

Please print and complete all items requested below as accurately as possible.

Name on Birth Certificate _____
First Name Middle Name Last Name
(Maiden Name if Female)

Sex: Male Female Date of Birth ____ / ____ / ____

Place of Birth _____ DELAWARE _____
City State (Hospital if Known)

Maiden Name of Mother _____
First Name Middle Name Maiden Name (required)

Name of Father _____
First Name Middle Name Last Name

The birth certificate is for (please check one box)

- 1. Myself
- 2. Current husband or wife
- 3. Child
- 4. Parent
- 5. I am the Legal Guardian
- 6. I am the Authorized agent, attorney or legal representative of the Person listed in 1-6. **(proof required)**
- 7. Genealogy **(proof required)**

Number of copies requested: _____

Cost: 10.00 each (if record is not located, fee will be retained for search).
Make Checks or Money Orders payable to the "Office of Vital Statistics"

Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.

I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del.C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.

Signature of person applying for certificate _____ Date _____

Street Address: PLEASE SEE ATTACHED AIRBILL _____

City/Town: _____ State: _____

Zip Code: _____

(713) 659-8472
Daytime telephone Number

Identification (for office use only)



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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