



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: _____



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BIRTH CERTIFICATE INSTRUCTION SHEET

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

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:	<u>***PLEASE SEE IMPORTANT NOTE BELOW***</u>		

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

FEES PER PERSON:

STATE FEE:	_____	\$10.00
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
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

REGULAR PROCESSING TIME: 5-8 WEEKS

IF YOU NEED YOUR BIRTH CERTIFICATE FASTER THAN 5-8 WEEKS, RUSH SERVICE IS AVAILABLE, BUT ONLY IF YOU APPLY IN PERSON AT THE HEALTH DEPARTMENT BUILDING IN HONOLULU.

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. DO NOT SIGN REQUEST APPLICATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 12-3-08 JEN



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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

STATE OF HAWAII, DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

REQUEST FOR CERTIFIED COPY OF **BIRTH** RECORD

<input checked="" type="checkbox"/>	1 FIRST CERTIFIED COPY	= \$	
<input type="checkbox"/>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	
<input type="checkbox"/>	OTHER: _____	= \$	
<input type="checkbox"/>	TOTAL COPIES		TOTAL AMOUNT DUE

NAME ON CERTIFICATE:	FIRST	MIDDLE	LAST	MALE/FEMALE
				<input type="checkbox"/> M <input type="checkbox"/> F

DATE OF BIRTH:	MONTH	DAY	YEAR	PLACE OF BIRTH:	CITY OR TOWN	ISLAND
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FATHER'S NAME:	FIRST	MIDDLE	LAST
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MOTHER'S NAME:	FIRST	MIDDLE	MAIDEN NAME
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RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST
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SIGNATURE OF REQUESTOR:	TELEPHONE NUMBERS
	RES: 713-659-8472
PRINT NAME OF REQUESTOR:	BUS: 713-659-8472
STEPHEN D LEIGHTON	

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
2012 LOUISIANA STREET	

CITY	STATE	ZIP
HOUSTON	TEXAS	77002

IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION. <small>IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.</small>	NAME OF PERSON TO RECEIVE CERTIFICATE <hr/> AGENCY OR ORGANIZATION <hr/> NUMBER AND STREET OR P.O. BOX <hr/> CITY STATE ZIP <hr/>
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<input type="checkbox"/> HBC	FOR OFFICE USE ONLY
<input type="checkbox"/> DBC	
<input type="checkbox"/> UNREC. BC	
<input type="checkbox"/> NR FILE	
<input type="checkbox"/> PENDING:	

INDEX SEARCHED	VOLUMES SEARCHED	DATE COPY PREPARED
FROM TO	FROM TO	
YEAR	VOLUME	CERTIFICATE
		RECEIPT NUMBER

OHSM 135 (Rev. 9/13/05)

*** Be sure to sign the "Signature of Requestor" Box before submitting this form.**