



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: _____

IDAHO VITAL STATISTICS CERTIFICATE REQUEST

P.O. Box 83720 • Boise, ID 83720-0036 • www.healthandwelfare.idaho.gov

Instructions for completing this form are located on the back of this document. Please read these instructions carefully. Failure to do so may cause a significant delay in processing your request.

YOUR MAILING ADDRESS INFORMATION (PERSON REQUESTING THE CERTIFICATE)			
FULL FIRST NAME STEPHEN	FULL MIDDLE NAME DEWARD	FULL LAST NAME LEIGHTON	
STREET AND NUMBER (P.O. BOX) 2012 LOUISIANA STREET		CITY HOUSTON	STATE, ZIP CODE TX, 77002
CONTACT PHONE NUMBER (DAY TIME) 713-659-8472		YOUR RELATIONSHIP TO NAME ON CERTIFICATE (SELF, MOTHER, ETC.) REPRESENTATIVE OF APPLICANT	
PURPOSE FOR THE CERTIFICATE			
SIGNATURE OF THE PERSON REQUESTING THE CERTIFICATE:			
REQUESTS MUST INCLUDE A COPY OF GOVERNMENT-ISSUED PICTURE ID OF THE PERSON REQUESTING THE CERTIFICATE (SEE INSTRUCTIONS ON THE BACK OF THIS DOCUMENT).			

CERTIFICATE INFORMATION: BIRTH, DEATH, STILLBIRTH, MARRIAGE OR DIVORCE MUST HAVE OCCURRED IN IDAHO . (Birth, death, and stillbirth certificates are available from July 1911 to present, marriage and divorce certificates are available from May 1947 to present.)		
BIRTH		
NAME ON CERTIFICATE:		
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME
DATE OF BIRTH	CITY OF BIRTH	NUMBER OF COPIES YOU ARE REQUESTING
FATHERS NAME:		
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME
MOTHER'S MAIDEN NAME:		
FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST MAIDEN NAME

FEES		
_____ CERTIFIED COPY @ \$13.00 EACH	=	_____
_____ CERTIFIED PHOTOCOPY @ \$13.00 EACH + 5.00	=	_____
_____ PROCESSING FEE	=	_____
_____ SPECIAL HANDLING @ \$5.00 (RUSH ORDERS ONLY)*	=	_____
_____ TOTAL ENCLOSED	=	_____

*Add a one-time only charge of \$5.00 for rush orders. There is no shipping charge for regular mail. If express mail return is desired, please include a pre-paid postal envelope. We cannot send your order C.O.D. See the back of this document for further information regarding fees.



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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