



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

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 MISSOURI

### **DOCUMENTS REQUIRED:**

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1</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: (SEE COMMENTS BELOW)	<u>\$15.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES: _____	_____
*ADD RETURN DELIVERY:	_____
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	<u>_____</u>

#### **\*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: 2-3 WEEKS

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED: 12-18-08 JEN



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
**APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION**

P.O. BOX 570  
 JEFFERSON CITY, MISSOURI 65102-0570

Missouri law requires a fee for a search of the files. Applicant will receive one (1) certified copy if record is found. If no record is found, the fee is retained for the search. A statement will be issued if no record is found.

**\*\*Certified copies are computer generated and are valid for all legal purposes.**

**FEE MUST ACCOMPANY APPLICATION**

Check or money order payable to: **Missouri Department of Health and Senior Services**  
 Statewide recording of birth and death records began January 1, 1910

**TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES**

<b>BIRTH _____ (Quantity)</b>			<b>DEATH _____ (Quantity)</b>		
A \$15.00 fee is required for each five (5) year search of the files for a birth certificate. If the record is found, one (1) certified copy will be provided. There is a \$15.00 fee for each additional copy of the same record.			A \$13.00 fee is required for each five (5) year search of the files for a death certificate. If the record is found, one (1) certified copy will be provided. There is a \$10.00 fee for each additional copy of the same record ordered at the same time.		
NAME ON CERTIFICATE (FIRST)		(MIDDLE)	(LAST)		
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)			PLACE OF DEATH (CITY)		(COUNTY)
DATE OF BIRTH (MONTH)		(DAY)	(YEAR)		SEX
PLACE OF BIRTH (CITY)		(COUNTY)	(STATE)		RACE
HOSPITAL	SEX	RACE	DATE OF BIRTH	AGE	SS# (IF KNOWN)
FATHER'S NAME (FIRST)		(MIDDLE)	(LAST)		SPOUSE'S NAME (FIRST)
MOTHER'S NAME (FIRST)		(MIDDLE)	<b>(MAIDEN)</b>		(MIDDLE)
					(LAST)
					(LAST)
					<b>(MAIDEN)</b>

**Please enclose a Self Addressed Stamped Envelope with your Request**

YOUR SIGNATURE	DAYTIME PHONE ( )
ADDRESS (STREET OR P.O. BOX) 2012 LOUISIANA STREET	(CITY) HOUSTON
	(STATE) TX
	(ZIP) 77002
<b>**PLEASE RETURN BIRTH CERTIFICATE USING ATTACHED RETURN AIRBILL**</b>	
PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED	
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS) AUTHORIZED AGENT	
IF LEGAL REPRESENTATIVE - INDICATE LEGAL RELATIONSHIP AUTHORIZED AGENT FOR OBTAINING BIRTH CERTIFICATE	

**WARNING: False application for a certified copy of a valid record is a crime.**



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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