



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 – NEW YORK CITY

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1-NOTARIZED</u>
PASSPORT TYPE PHOTO (S):	<u>N/A</u>	ITINERARY/TICKET:	<u>SEE BELOW</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:	<u>THE RELEASE LETTER NEEDS TO BE HAND WRITTEN (COMPLETELY)</u>		
	<u> </u>		
	<u> </u>		

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

FEES PER PERSON:

STATE FEE:	<u>\$30.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	<u> </u>
*ADD RETURN DELIVERY:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

***RETURN DELIVERY FEES:**

FED-EX PRIORITY	\$29.00	AVERAGE PROCESSING TIME	<u>7-10 DAYS</u>
FED-EX 2 DAY DELIVERY	\$23.50		
FED-EX 3 DAY DELIVERY	\$19.50	PREPARED BY:	<u> </u>
SATURDAY DELIVERY	\$41.50	TODAY'S DATE:	<u> </u>

COMMENTS: IF YOU NEED YOUR BIRTH CERTIFICATE IN LESS THAN 2 WEEKS, PLEASE PROVIDE A COPY OF YOUR ITINERARY AND A LETTER STATING THE EMERGENCY.

REVISED: 11-24-2009 JEN

Specializing in Visas, Passports, Document Legalization and Translations

OFFICE OF VITAL RECORDS
125 Worth Street, CN 4, Room 133
New York, N.Y. 10013-4090

APPLICATION FOR A BIRTH RECORD

(Print All Items Clearly)

1. LAST NAME ON BIRTH RECORD		2. FIRST NAME		3. <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
4. DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		5. PLACE OF BIRTH (NAME OF HOSPITAL, OR IF AT HOME, NO. AND STREET)		6. BOROUGH OF BIRTH			
7. MOTHER'S MAIDEN NAME (NAME BEFORE MARRIAGE) FIRST _____ LAST _____			8. CERTIFICATE NUMBER (IF KNOWN)				
9. FATHER'S NAME FIRST _____ LAST _____			<i>(FOR OFFICE USE ONLY)</i>				
10. NO. OF COPIES	11. YOUR RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD IF SELF, STATE "SELF"						
12. FOR WHAT PURPOSE ARE YOU GOING TO USE THIS BIRTH RECORD							
<p>NOTE: Copy of a birth record can be issued only to persons to whom the record of birth relates, if of age, or a parent or other lawful representative. IF THIS REQUEST IS NOT FOR YOUR OWN BIRTH RECORD OR THAT OF YOUR CHILD, NOTARIZED AUTHORIZATION FROM THE PARENT OR THE PERSON NAMED ON THE CERTIFICATE MUST BE PRESENTED WITH THIS APPLICATION.</p> <p>Section 3.19, New York City Health Code provides, in part: ". . .no person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report or other document required to be prepared pursuant to this Code." Section 558 (e) of the New York City Charter provides that any violation of the Health Code shall be treated and punished as a misdemeanor.</p>							

SIGN / PRINT YOUR NAME AND RECORD YOUR ADDRESS BELOW

SIGNATURE		PRINT NAME			
STREET ADDRESS					APT. NO.
CITY		STATE		ZIP CODE	
DAYTIME TELEPHONE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	—	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Area Code			Telephone Number	

NOTE: PLEASE ATTACH A STAMPED, SELF-ADDRESSED ENVELOPE

