



# 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-OKLAHOMA

### **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:	<u>\$15.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (3-4 DAYS RUSH)	_____
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	_____

#### **\*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 WEEKS

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

COMMENTS: IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVISED: 12-18-08 JEN

# Birth Certificate Request



## Requirements:

- 1) This request must be completed in full.
- 2) Enclose a copy of a current legal photo ID (See back for list of acceptable IDs)
- 3) Enclose appropriate fees
- 4) Person requesting to receive a birth certificate must sign below

Full Name at Birth: (If a change to the name has occurred, please see instruction sheet)

\_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Female  Male Place of Birth: \_\_\_\_\_, OKLAHOMA  
Month Day Year City and/or County

Full Name of Father: \_\_\_\_\_  
First Middle Last

Full MAIDEN Name of Mother: \_\_\_\_\_  
First Middle Last Name prior to first marriage

## This request is being made by:

Person Himself/Herself  Parent  Legal Guardian or Custodian  Authorized Agent, must specify: \_\_\_\_\_

## Current Address (REQUIRED):

Name STEPHEN LEIGHTON Daytime Telephone Number: ( 713 ) 659 - 8472  
Street Address 2012 LOUISIANA STREET Apt \_\_\_\_\_ City, State and Zip HOUSTON, TX 77002

## Purpose for which the birth certificate is needed:

Drivers License  Social Security  Passport  School  State Assistance Pgm  Other, specify: \_\_\_\_\_



By signing below, I declare that all information provided on this request is true and correct.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Request will not be processed without the signature of the requestor and established eligibility.)

## Fees

A fee is to be paid for a search of the files or records, even when no copy is available. Search fees are non-transferable and non-refundable.

\_\_\_\_\_ Number of certified copies requested (\$15 each and includes search fee)  
\_\_\_\_\_ Delayed registration, amendment, paternity, adoption, or legitimation fee (\$40 - Includes one certified copy)  
\_\_\_\_\_ Number of Heirloom certificates requested: (\$35 each and includes one certified copy)  
\_\_\_\_\_ Total Amount enclosed

## OFFICE USE ONLY

### Issuance

Mail  
Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Fees Enclosed: \$ \_\_\_\_\_  
Fees Due: \$ \_\_\_\_\_  
ID Enclosed: \_\_\_\_\_

Copies Issued: \_\_\_\_\_  
Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Issued by: \_\_\_\_\_  
Other: \_\_\_\_\_

### Front Desk

Clerk: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fees Paid: \$ \_\_\_\_\_  
Fee Type:  Check  Cash  MO



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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