



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

\_\_\_\_\_  
\_\_\_\_\_



**OFFICE OF VITAL RECORDS**  
 City of Austin, Health & Human Services Department  
 601 Airport Boulevard, Bldg. "C", Austin, Texas 78702  
 Mailing Address: P.O. Box 1088, Austin, Texas 78767-1088  
 (512)972-4784 / (512)972-5208 (fax)

**THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN COMPLETION OF THIS FORM CAN BE 2 TO 4 YEARS IN PRISON AND A FINE OF UP TO \$5,000 (Article 4477C Revised Civil Statutes of Texas)**

**NAME ON RECORD**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last Name (s) \_\_\_\_\_  
 \_\_\_\_\_

<u>Type of Certificate</u>	<u>Quantity</u>
<u>Birth</u>	
<input type="checkbox"/> Security Birth Record	_____
<input type="checkbox"/> Security-Wallet Birth Record	_____
<input type="checkbox"/> Long Birth Record	_____
<input type="checkbox"/> Death Record	_____

**FATHER'S NAME**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last Name (s) \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth or Death

Month \_\_\_\_\_  
 Day \_\_\_\_\_  
 Year \_\_\_\_\_

City/County of Birth or Death

\_\_\_\_\_  
 \_\_\_\_\_

**MOTHER'S MAIDEN NAME**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last Name (s) \_\_\_\_\_  
 \_\_\_\_\_

Your Relationship to person on the Record

Self  Spouse  
 Mother  Father  
 Grandmother  Grandfather  
 Paternal  Paternal  
 Maternal  Maternal  
 Sister  Brother  
 Paternal  Paternal  
 Maternal  Maternal  
 Legal Guardian (Documentation required)

**APPLICANTS NAME**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last Name (s) \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 \_\_\_\_\_  
 Area Code & Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Why do you need a new record?

Identification / Driver's License  
 School  Employment  
 Death Record  
 International Legal Transaction  
 Passport  Travel  
 Social Security  
 Other (explain) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Form of Photo Identification:  Attachments  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Second Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Document # \_\_\_\_\_  
 Certificate # \_\_\_\_\_  
 Certificate# \_\_\_\_\_

**Amount Received:**  
 Cash Amount \_\_\_\_\_  
 Check Number \_\_\_\_\_ Amount \_\_\_\_\_  
 Debit / Credit Card  
 Type: \_\_\_\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Other (explain) \_\_\_\_\_



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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**” OR \_\_\_\_\_, AS THEY WILL BE MY EXPEDITING 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