



VIP PASSPORT SERVICES, INC.

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: _____

CREDIT CARD INFORMATION:

CARD #: _____

EXP. DATE: ____/____ CVV#: _____

**SIGNATURE OF CARD HOLDER
(REQUIRED):** _____

BILLING INSTRUCTIONS:

YOUR P.O. or REF. #: _____

AUTHORIZED AMOUNT TO CHARGE:
US\$ _____

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: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER ____ INTERNET ____ REFERRED ____ BY _____ WALK-IN ____

Specializing in Visas, Passports, Document Legalization and Translations

OFFICE USE ONLY

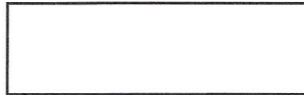
Certificate # _____

Document Control # _____

By _____



VITAL STATISTICS



OFFICE USE ONLY

Remit No. _____

Amount \$ _____

___ Cash ___ Check ___ Credit Card

Date _____

By _____

APPLICATION FOR BIRTH OR DEATH RECORD

Birth Certificates

NUMBER REQUESTED

_____ FULL CERTIFIED COPY X \$22.00
 _____ STANDARD CERTIFIED COPY X \$22.00
 _____ HEIRLOOM X \$60.00

PLEASE PRINT

Death Certificates

NUMBER REQUESTED

_____ CERTIFIED COPY X \$20.00
 _____ EXTRA COPIES OF SAME RECORD X \$3.00

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME: _____ 8. TELEPHONE #: () _____

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____ BIRTH PLACE, ETC. _____

13. If certified copy is to be mailed to some other person, please complete:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

For any search of the files where a record is not found, the searching fee is non-refundable or transferable. Checks for the amount of purchase only.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICATIONS WITHOUT VALID PHOTO ID WILL NOT BE PROCESSED

Your Signature _____ Date of Application _____

Rec'd _____ Date _____



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VITAL STATISTICS TEXAS DEPARTMENT OF STATE HEALTH SERVICES AUTHORIZATION FORM

STATE OF TEXAS

COUNTY OF _____

I REQUEST THAT VITAL STATISTICS UNIT IN AUSTIN, TEXAS ALLOW _____
TO OBTAIN A CERTIFIED COPY OF THE BIRTH/DEATH CERTIFICATE ON MY BEHALF.

MY RELATIONSHIP TO THE PERSON ON THE CERTIFICATE IS: _____
(SPOUSE, PARENT, CHILD, GRANDPARENT, LEGAL REPRESENTATIVE, PERSON RECORD)

THE INFORMATION ON THE (BIRTH/DEATH) CERTIFICATE BEING REQUESTED:

NAME: _____

DATE OF EVENT: _____

PLACE OF EVENT: _____

MOTHER: _____ FATHER: _____

MUST INCLUDE A COPY OF QUALIFIED APPLICANTS VALID ID WITH NOTARIZED FORM

SIGNATURE OF QUALIFIED APPLICANT: _____

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, IN THE YEAR OF 20____.

[[SEAL]]

SIGNATURE OF NOTARY PUBLIC

PLEASE NOTE: IF THE REQUEST FOR LEGAL REASONS, PLEASE PROVIDE THE LEGAL DOCUMENTS THAT PROVIDE YOU THE TANGIBLE INTEREST/REASON FOR OBTAINING THE CERTIFICATE, SUCH AS CO-OWNER OF A BUSINESS, EXECUTOR OR BENEFICIARY OF AN ESTATE, ETC. GENEALOGY IS NOT A LEGAL REASON TO OBTAIN A CERTIFICATE. DEATH CERTIFICATES ARE RESTRICTED FOR 25 YEARS, AND BIRTH CERTIFICATES ARE RESTRICTED FOR 75 YEARS.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALS STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE UP TO \$10, 000 (HEALTH AND SAFETY COD, CHAPTER 195, SEC. 195.003)

VS 140/2016