



# 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 COLORADO

### **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: <u>PLEASE ONLY COMPLETE THE "REGISTRANT INFORMATION" ON THE APPLICATION.</u>			

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

### **FEES PER PERSON:**

STATE FEE:	<u>\$17.75</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (LESS THAN 4 DAYS)	<u>                    </u>
OTHER FEES:	<u>                    </u>
*ADD RETURN DELIVERY:	<u>                    </u>
<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: 4-7 DAYS

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

COMMENTS: DO NOT SIGN THE APPLICATION. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE.

REVISED: 12-18-08 JEN

# Colorado Department of Public Health and Environment

Vital Records Section HSVR-VR-A1  
 4300 Cherry Creek Drive South  
 Denver, CO 80246-1530  
 (303)692-2200  
 www.cdphe.state.co.us/certs

For Office Use Only	
ID _____	Cash _____
ISS _____	CK _____
	CC _____
	Other _____
SF# _____	

## Application for Certified Copy of Birth Certificate

Colorado has birth records for the entire state since 1910. Certified copies of certificates are also available from county offices (see reverse side).

### Requestor Information

Print name of person making request	First STEPHEN	Middle D	Last LEIGHTON	Reason for request:
Mailing Address	2012 LOUISIANA ST.	City HOUSTON	State TEXAS	Zip 77002
Daytime Phone	(713) 659-8472			
Physical Address	2012 LOUISIANA ST.	City HOUSTON	State TEXAS	Zip 77002
Alt Phone Number	(800) 856-8472			

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118)

**PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT.**

*(To review the full list of primary and secondary identification, please visit www.cdphe.state.co.us/certs)*

By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses.	Relationship to Registrant (person named on certificate) <i>*see reverse side</i>	Today's date
	REPRESENTATIVE OF APPLICANT <i>Please submit proof of relationship</i>	

### Registrant Information

Information about person whose birth certificate is being requested — please type or print.  
 If adopted, provide adoptive information and see special service on other side.

Full Name at Birth	First	Middle	Last
Date of Birth	Month	Day	Year
			— — — —
Is this Person Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ___/___/___		
State Where Death Occurred:	_____		
<i>Please provide certified copy of death certificate</i>			
Place of Birth	City	County	State
			<b>Colorado ONLY</b>
Full Name of Father	First	Middle	Last
Full Name of Mother	First	Middle	Maiden Last Name (name prior to first marriage)

Check here if you are requesting a certificate of stillbirth

### Ways to Order

**Apply in person** for same-day service. Office hours are from 8:30 a.m. to 4:45 p.m., Monday–Friday.

**Order certificate online\*\*** at www.cdphe.state.co.us/certs Certificate(s) mailed next work day upon receipt of all required documentation.

**Fax your application** with credit card information\*\*: within continental U.S. fax 1-800-423-1108; outside continental U.S. fax 1-303-691-9307. Certificate(s) mailed at the end of five business days upon receipt of all required documentation.

**Mail in application** with check, money order, or credit card information. Make check or money order payable to *Vital Records*. Please do not send cash. Certificate(s) mailed within three weeks upon receipt of all required documentation.

\*\*\$6.00 convenience charge to be added.

### Credit Card Orders\*\*

Card Type:  Visa  Mastercard  Discover  American Express

Cardholder Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Card Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Exp. Date: XXX / XXXXXX

\*\*\$6.00 convenience charge to be added.

### Charges

<b>Cost of certificates:</b>	
\$17.75 for 1st copy (or search when no record found)	\$ _____
\$10 for each additional copy of same record ordered at same time .....	\$ _____
\$6 credit card convenience charge (walk-ins excluded)	\$ _____
\$50 for each heirloom copy .....	\$ _____
<b>Please check one:</b>	
<input type="checkbox"/> Regular mail (\$0.00 - no additional charge for regular mail)	
<input type="checkbox"/> Fed Ex – within continental U.S. (\$20.00)	\$ _____
<input type="checkbox"/> Express Mail – within continental U.S. (\$16.40)	\$ _____
<b>Total</b> .....	\$ _____

\_\_\_\_\_ Number of standard copies  
 \_\_\_\_\_ Number of heirloom copies  
 \_\_\_\_\_ Total copies ordered



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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