



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



Ohio Department of Health • Office of Vital Statistics

# Application for Certified Copies

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Birth    | \$16.50 per certificate  | <input type="checkbox"/> Check                  |
| <input type="checkbox"/> Death               | \$16.50 per certificate  | <input checked="" type="checkbox"/> Money order |
| <input type="checkbox"/> Fetal death         | \$16.50 per certificate  | <input type="checkbox"/> Cash (Walk-in only)    |
| <input type="checkbox"/> Stillbirth          | (free to birth parents only for births occurring after September 26, 2003) |   |
| <input type="checkbox"/> Paternity affidavit | \$7.00 per affidavit   |   |
| <input type="checkbox"/> Searching fee       | \$3.00 per 10 years  |   |

Do not write in this space	
AFS number	
A	Initial
Volume number	Certificate number

<input type="checkbox"/> Birth <input type="checkbox"/> Stillbirth <input type="checkbox"/> Paternity affidavit	Name at birth		Date of birth
	Place of birth <i>City/County in Ohio</i>		CPR stamp number (Paternity only)
	Full maiden name of mother	Full name of father	
	Has there been any corrections made to this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type of change

<input type="checkbox"/> Death <input type="checkbox"/> Fetal death	Name of deceased		Date of death
	Place of death <i>City/County in Ohio</i>		
	Full maiden name of mother	Full name of father	

<b>Record search</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce	Full name of husband		Full maiden name of wife
	Marriage—date	Place <i>City/County in Ohio</i>	
	Divorce—date	Place <i>City/County in Ohio</i>	
	List years needing searched		

### Important

Enclose check or money order. Each request must have the required fee and made payable to "TREASURER, STATE OF OHIO". Overpayment fee of \$2.00 or less will not be refunded.

Signature of applicant	Telephone
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**Please complete name and address on ALL orders.**

HEA 2709 (Rev. 4/07)

Name		
***PLEASE RETURN TO ADDRESS		
Address		
ON ATTACHED AIRBILL***		
City	State	ZIP



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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