



VIP SERVICES

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: _____

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-TENNESSEE

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: (LESS THAN 2 WEEKS)	_____
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

***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: 2-3 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



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH
(La versión en español al reverso de la página)

Date: _____

Full name on birth certificate: _____
First
Middle
Last Name

Has the name ever been changed other than by marriage? Yes No

If yes, what was original name? _____

Date of birth: _____ Sex: Male or Female
Month
Day
Year

Place of birth: _____
City
County
State

Hospital where birth occurred: _____

Full name of father: _____

Full maiden name of mother: _____

Last name of mother at time of birth: _____

Next older brother or sister: _____ Younger: _____

Signature of person making request: _____

Relationship: AUTHORIZED REPRESENTATIVE

Purpose of copy: _____

Telephone number where you may be reached for additional information: (713) 659-8472

Indicate number of each type of certificate desired and enclose appropriate fee:

For years 1949-Current:
 ___ **Short form- \$8.00** first copy. Additional copies of same record purchased at same time-\$5.00 each.

___ **Long form- \$15.00** first copy. Additional Copies of same record purchased at the same time-\$5.00 each.

For births **before 1949:**
 No short form available

___ **\$15.00** first copy. Additional copies of same record purchased at the same time -\$5.00 each.

The above fees are charged for the search of records and will not be refunded even if no record is on file in this office. A 3-year search is provided for the initial fee.

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

PH-1654 (rev 11/2008)

RDA N/A

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

SEND TO:

***PLEASE RETURN CERTIFICATE TO ADDRESS

Tennessee Vital Records

Name LISTED ON ATTACHED AIRBILL***

Address or Route

City and State

Zip Code



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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**” AND/OR DEANNA MARTINEZ, 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