



Just Passports

600 West 9th Street, Suite B

Austin, TX 78701

512-263-7578 or 877-771-RUSH (7874)

www.justpassports.com

WORK ORDER - BIRTH CERTIFICATE (TEXAS)

DEPARTURE DATE: _____ NEED BY DATE: _____

PASSPORT NEEDED? _____ YES _____ NO

APPLICANT'S INFORMATION

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF BIRTH: _____

VITAL RECORDS FEES (CHECK ONE)

_____ \$22.00 – BIRTH CERTIFICATE (MOST CASES)

JUST PASSPORTS SERVICE FEES (CHECK ONE)

_____ \$75.00 – 1-2 DAY PROCESSING

RETURN DELIVERY FEE

_____ \$30.00 – FEDERAL EXPRESS

_____ \$0.00 – PREPAID RETURN DELIVERY AIR BILL ENCLOSED

TOTAL AMOUNT: \$ _____

CONTINUED...



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RETURN DELIVERY ADDRESS

CONTACT NAME: _____

COMPANY NAME (IF APPLICABLE): _____

STREET (NO P.O. BOX): _____

SUITE/APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER #1: _____

PHONE NUMBER #2: _____

EMAIL ADDRESS: _____

PAYMENT METHOD

CARD TYPE: _____ CVV NUMBER: _____
(AMEX OR DISCOVER ONLY)

CARD NUMBER: _____ EXPIRATION DATE: _____

AUTHORIZED AMOUNT TO BE CHARGED TO THE CREDIT CARD: \$ _____

CARD HOLDER NAME: _____

SIGNATURE: _____ DATE: _____

OR

PAY BY CASH, COMPANY CHECK, OR MONEY ORDER. SORRY WE DO NOT ACCEPT PERSONAL CHECKS.

IMPORTANT NOTE

TERMS AND CONDITIONS ARE LISTED ON www.justpassports.com. REQUIREMENTS AND FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE, AND ALL FEES ARE NON-REFUNDABLE. THE PASSPORT AGENCY RESERVES THE RIGHT TO PRIORITIZE THE PROCESSING TIME ACCORDING TO THE INTERNATIONAL DEPARTURE DATE.

“THE PASSPORT & VISA PROS”



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BIRTH CERTIFICATE - TEXAS

1. COPY OF YOUR CURRENT DRIVER LICENSE.
2. SIGNED APPLICATION (**SEE BELOW**).
3. NOTARIZED RELEASE LETTER (**SEE BELOW**).
4. COPIES OF ALL OF THE ABOVE AND PLEASE STAPLE THEM TO THE WORK ORDER.

OFFICE USE ONLY

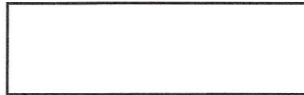
Certificate # _____

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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RELEASE LETTER

DEAR VITAL RECORDS,

I, _____, AUTHORIZE YOUR VITAL RECORDS OFFICE TO DISCUSS THE STATUS OF AND/OR RELEASE OF THE BIRTH/DEATH CERTIFICATE FOR:

FULL NAME: _____

DATE OF EVENT/BIRTH: _____

PLACE OF EVENT: _____

PARENT (1) FULL NAME:

FIRST: _____ MIDDLE: _____ LAST/MAIDEN: _____

PARENT (2) FULL NAME:

FIRST: _____ MIDDLE: _____ LAST/MAIDEN: _____

WITH "JUST PASSPORTS" OR _____, AS THEY WILL BE MY EXPEDITING SERVICE.

I AM THE:

_____ CHILD LISTED ON THE BIRTH CERTIFICATE; OR

_____ BIOLOGICAL MOTHER LISTED ON THE BIRTH CERTIFICATE; OR

_____ BIOLOGICAL FATHER LISTED ON THE BIRTH CERTIFICATE; OR

_____ LEGAL REPRESENTATIVE OF THE CHILD/MOTHER/FATHER LISTED ON THE BIRTH CERTIFICATE; OR

_____ OTHER: (SPECIFY/SHOW RELATIONSHIP) _____

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

SIGNATURE: _____ DATE: _____

THIS SIGNATURE WAS WITNESSED BEFORE ME ON THIS _____ DAY OF _____ 20____.

NOTARY SIGNATURE AND SEAL