

## 6901 N. Lamar Blvd, Suite #130 Austin, TX 78752 Phone: (512) 905-2001

Fax: (512) 323-5501

I,		, here	by authorize Sameday Passport & Vis	a Expedite
Service, Inc. to pla	ice an order of	my certified co	opy of my Birth Certificate to the Stat	e Health
Department. I also	o give authoriza	ation to discuss	s the status of my certificate and to p	ick it up
upon completion.				
Name:			Date of Birth:	_
Place of Birth:			County:	
Father's Name:	(5)	(2011)	(Last)	_
Mother's Name: _	(First)	(Middle)	(Last) (Maiden)	_
Applicant's Teleph	(First) None:	(Middle)	(Maiden)	-
Applicant's Signat	ture:		Date:	_
Notary Seal:				
Name of Notary				
Commission Expire	es & Location			
Date of Notary			Paste a Copy of valid Driving License or State issue Photo ID	
Signature of Notai	ry			