



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

CERTIFIED BIRTH CERTIFICATE REQUEST FORM

Date _____

To Whom It May Concern:

Please send a Certified Copy of the Birth Record for the following person:

Name: _____

City and State of Birth: _____

Date of Birth: _____

County of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Other information requested by State: _____

I authorize INTERNATIONAL VISA SERVICE or its DESIGNEE to act as my representative in this matter.

Signature

Signed before me this _____ day of _____, 20 ____.

Notary Public

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