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I, _____, hereby authorize Sameday Passport & Visa Expedite Service, Inc. to place an order of my certified copy of my Birth Certificate to the State Health Department. I also give authorization to discuss the status of my certificate and to pick it up upon completion.

Name: _____ Date of Birth: _____

Place of Birth: _____ County: _____

Father's Name: _____
(First) (Middle) (Last)

Mother's Name: _____
(First) (Middle) (Maiden)

Applicant's Telephone: _____

Applicant's Signature: _____ **Date:** _____

Notary Seal:

Name of Notary

Commission Expires & Location

Date of Notary

Signature of Notary

Paste a Copy of valid Driving License or State issue Photo ID

Note: Please Fax the updated form to (512) 323-5501