

2144 California Street, NW Washington, D.C, 20008

ABC BIRTH CERTIFICATE REQUEST FORM

| Parental & Hospital Information | | Applicant's Information | | |
|--|--|---|--|--|
| Father's Name : | | Applicant's Name : | | |
| Mother's Maiden Name: | | City, State and Country of Birth: | | |
| Hospital Address: | | Applicant's Social Security: | | |
| City: State: | Applicant's Date of Birth: / / | | | |
| Needed by Date: / / | | Has this certificate ever been amended? | | |
| Service Required: | | | | |
| Rush | 3-7 days | | Routine | |
| Please Include with this form | | | | |
| A clear and enlarged copy | of your Driver License/Stat | te ID | | |
| METHOD OF PAYMENT | | | | |
| Direct Bill # | Full Name (as shown on credit | card) | | |
| Credit Card Type: | Credit card # | | CVC(3 digits on the back) | Expiration Date |
| Credit Card Billing Address (All credit card charges are subject to a 4% credit card convenience fee.) | | | | |
| Address: | | | | |
| City | State | Zip | | |
| Signature: | (Please include address of this credit card) | | | |
| Checks enclosed : | Check 1: | Check 2: | | Total Amount |
| Processed documents to be sent back to: | | | | |
| Attention: | Contac | et #: () | - | |
| Address: | | | | |
| City | State | Zip | | |
| IMPORTANT INFORMATION: ABC Visa & Passport SVCS acts as an agent embassy, or any courier, delivery and postal Passport SVCS assumes no liability for a co | services. Issuance of a visa or passport is | a decision of the co | untry which application is made or the | e U.S. Department of State. ABC Visa 8 |
| | | | | Γ |
| authorize ABC Visa and Pa | assport Services to obtain | my birth cei | rtificate | |