



PASSPORT EXPRESS

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CERTIFIED BIRTH RECORD REQUEST

Full name at Birth: _____

Date of Birth: _____

Place of Birth: (city, state) _____

(county) _____

Mother's Full Maiden Name: _____

Father's Full name: _____

Hospital's name(if known): _____

I authorize Passport Express or any of its agents, _____

to act in my behalf as my representative.

Sincerely,

Signature

Date

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

_____.

Notary