



EXPEDITE PASSPORT EXPERTS

CERTIFIED BIRTH RECORD REQUEST

Name at Birth: _____

Date of Birth: _____

Place of Birth: (city) _____

(state) _____

(county) _____

Mothers Full Maiden Name: _____

Fathers Full name: _____

Hospital's name(if available): _____

I authorize Expedite Passport Experts or any of its agents or designees,
_____ to act as my representative in this matter.

Name of Representative

Sincerely,

Signature

Date

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

Notary Public