

**Identity Verification Instructions
VITAL RECORDS AUTHORIZATION FORM**

P. O. Box 1703
Brentwood, TN 37024

Identity Verification Form

Applicant Name:		Order Date:	
Contact Email:	support@superfilings.com	Fax Number:	(415) 549-8691

IMPORTANT

Once your documentation is received, it will be reviewed within **2 business days**. Please wait **AT LEAST 2 business days** before contacting our office for a status. You will be notified via email (if provided) once your documentation has been approved.

Signature and Date Required

Applicant's Signature: _____ Date: _____