



VIP SERVICES

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: _____

YOUR COMPANY P.O. OR REF#: _____

AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$ _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

SIGNATURE OF CARD HOLDER
REQUIRED: _____

STATE WHERE THE BIRTH OCCURRED: _____

WILL YOU REQUIRE THE BIRTH CERTIFICATE TO BE LEGALIZED BY THE EMBASSY? IF
SO WHICH COUNTRY WILL THE DOCUMENT BE USED IN: _____

NUMBER OF ORIGINAL COPIES REQUIRED: _____

RETURN THE COMPLETED DOCUMENT BACK VIA: _____

DATE YOU NEED THE COMPLETED DOCUMENT: _____

PURPOSE FOR THE BIRTH CERTIFICATE: _____

SPECIAL INSTRUCTIONS: _____



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BIRTH CERTIFICATE INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: BIRTH CERTIFICATE-STATE OF MAINE

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>N/A</u>	ITINERARY/TICKET:	<u>N/A</u>
COMPANY LETTER:	<u>N/A</u>	DRIVERS LICENSE:	<u>1-COPY</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>1-NOTARIZED</u>
OTHER:	_____		

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

FEES PER PERSON:

STATE FEE:	<u>\$15.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (3-4DAYS RUSH)	_____
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 7-10 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE BIRTH CERTIFICATE ISSUED ON A RUSH PROCESS (\$20.00 SPECIAL HANDLING FEE).


COMMENTS: _____

REVISED: 12-18-08 JEN

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF VITAL RECORDS
APPLICATION FOR A SEARCH AND CERTIFIED COPY OF A VITAL RECORD

**NON-REFUNDABLE FEES: \$15.00 for certified copy, \$6.00 for additional copies of same record.
\$ 10.00 for non-certified (not a legal copy)**

Applicant:

Please fill in the information in the appropriate box for the record you are requesting, the reason for requesting the record, and the name and address for mailing the certified copy. Enclose a check or money order payable to: **TREASURER, STATE OF MAINE** and mail application to: 

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF VITAL RECORDS
#11 STATE HOUSE STATION
244 WATER STREET
AUGUSTA, ME 04333-0011
207-287-3181**

BIRTH RECORD	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name

DEATH RECORD	Full Name of Decedent
	Date of Death
	Place of Death

FOR RECORD OF DEATH – PLEASE COMPLETE REVERSE SIDE 

MARRIAGE RECORD	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place of Marriage

DIVORCE RECORD	Full Name of Husband
	Full Maiden Name of Wife
	Date of Divorce or Annulment
	Place – Superior Court, County or District (Division)

REASON FOR REQUESTING RECORD:

Orders for Vital Records may also be placed, using a credit card; through VITALCHEK at the toll-free number 1-877-523-2659 or you may place your order over the Internet at www.vitalchek.com.

Applicant signature: _____

Applicant address: ***PLEASE SEE ADDRESS ON ATTACHED RETURN AIRBILL***



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RELEASE LETTER

VITAL RECORDS OFFICE

I, _____, AUTHORIZE YOUR VITAL RECORDS OFFICE TO DISCUSS THE STATUS OF THE BIRTH CERTIFICATE FOR _____ WITH "VIP SERVICES", AS THEY WILL BE EXPEDITING MY SERVICE.

I AM THE:

- CHILD LISTED ON THE BIRTH CERTIFICATE
- BIOLOGICAL MOTHER LISTED ON BIRTH CERTIFICATE
- BIOLOGICAL FATHER LISTED ON BIRTH CERTIFICATE
- LEGAL REPRESENTATIVE OF THE CHILD/MOTHER/FATHER LISTED ON BIRTH CERTIFICATE
- OTHER: (SPECIFY/SHOW RELATIONSHIP) _____

SINCERELY,

SIGNATURE

NAME-PRINT

THIS SIGNATURE WAS WITNESSED BEFORE ME ON THIS _____ OF _____ 20____.

NOTARY SIGNATURE & SEAL