



VIP SERVICES

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

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: (SEE BELOW) | _____ |
| VIP SERVICE FEE: | <u>\$75.00</u> |
| MONEY ORDER FEE: | <u>\$3.00</u> |
| ** SPECIAL HANDLING: (LESS THAN 10 DAYS) | _____ |
| 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: 10-15 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: THE STATE FOR A BIRTH CERTIFICATE ON A REGULAR PROCESS IS \$25.00. IF YOU ARE REQUESTING A RUSH PROCESS, THE STATE FEE WILL THEN BE AN ADDITIONAL \$45.00. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 12-22-08 JEN

BIRTH CERTIFICATE REQUEST

FOR THE STATE OF MASSACHUSETTS ONLY

NUMBER OF CERTIFICATES REQUESTED: _____

CERTIFICATE HOLDER'S NAME: _____

BIRTH DATE: ____/____/____

SEX: MALE FEMALE

HOSPITAL(IF KNOWN): _____

CITY: _____ COUNTY: _____

FATHER'S NAME: _____

(FIRST)

(MIDDLE)

(LAST)

MOTHER'S NAME: _____

(FIRST)

(MIDDLE)

(LAST)

NUMBER OF ORIGINAL CERTIFICATE FORMS REQUESTED: _____

(\$23.00 EACH)

NUMBER OF COMPUTER CERTIFICATE SHORT FORMS REQUESTED: _____

(\$18.00 EACH)

TOTAL AMOUNT ENCLOSED: _____

RELATIONSHIP TO CERTIFICATE HOLDER: SELF MOTHER FATHER

OTHER: _____

SIGNATURE OF REQUESTOR: _____ DATE: _____

MAIL CERTIFICATE TO:

NAME: _____ *****PLEASE USE ATTACHED RETURN AIRBILL*****

ADDRESS: _____ *****SEE ATTACHED AIRBILL*****

CITY/STATE/ZIP: _____

DAY PHONE: _____ **713-659-8472**

EMAIL ADDRESS: _____

COMMENTS (IF NEEDED): _____

****IF RECORD IS NOT LOCATED A "Certificate of Search" WILL BE ISSUED.**



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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