



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 MONTANA

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:	<u>***PLEASE SEE IMPORTANT NOTE BELOW***</u>		
	<u> </u>		
	<u> </u>		

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

FEES PER PERSON:

STATE FEE:	<u>\$12.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	<u> </u>
*ADD RETURN DELIVERY:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

***FEDERAL EXPRESS FEES:**

****VISA PROCESSING TIME**

PRIORITY LETTER	\$29.00	REGULAR PROCESSING TIME:	<u>2 WEEKS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50		
SATURDAY LETTER	\$41.50		

COMMENTS: ON THE APPLICATION, PLEASE COMPLETE THE QUESTIONS REGARDING THE INFORMATION FOR THE CHILD LISTED ON THE BIRTH CERTIFICATE AND HOW MANY COPIES YOU ARE REQUESTING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 12-16-08 JEN

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, or guardian, or an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required may obtain certified copy of a birth record.

Step-relatives, in-laws, grandparents, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Military ID Card • Tribal 	<ul style="list-style-type: none"> • Social Security Card • Work ID Card • Car registration/Insurance • Doctor/Medical record • Fishing License • US Military DD214 • Utility Bill with a current address • Voter Registration Card 	<ul style="list-style-type: none"> • Credit/Debit/ATM Card • School ID Card • Library Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record • Year Book
		<ul style="list-style-type: none"> • Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) • Have an authorized family member that has an ID order the certificate

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request

IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)

- **CERTIFIED COPIES OF A BIRTH CERTIFICATE** cost \$12.00 for the first copy, \$5.00 for each additional copy of the same record. **(non-refundable)**
- **INFORMATIONAL COPIES OF A BIRTH CERTIFICATE** may be issued to anyone as long as the birth occurred 30 years prior to the date of application, **the cost is \$10.00. (non-refundable)**
- **CERTIFIED COPIES OF DOCUMENTS** on file with the state (i.e. Acknowledgment of Paternity, correction affidavits), **the cost is \$12.00 (non-refundable)**
- **SEARCHES**: \$10.00 for the first 5 years searched, then \$1.00 per year over the first five years per name requested. (An informational copy will be issued if record is found) **(non-refundable)**

Please complete the following information.

FULL First, Middle and Last Name on Birth Certificate: _____

Has name ever been changed other than marriage ____ No ____ Yes if so original name _____

Date of Birth: _____ Place of Birth (City or County): _____

Mother's **Full Maiden** Name: _____

Father's Full Name: _____ # of copies needed

Your relationship to the certificate holder : _____ (self, mother, father etc) Reason the Birth Certificate is needed: _____

Mailing or Delivery Address:

Name: _____ Applicant's Signature _____

Address: _____

City, State, Zip: _____ Daytime Telephone Number: _____

Notary (For use if needed)

_____ personally appeared before me and whose identity I proved on

the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this _____ day of _____ 20____

Signature: _____

Printed Name: _____

Notary Public in and for the State of _____

Residing at _____ My commission Expires _____

SEAL

Official Use Only

Date _____

Rec# _____

Amount _____

Cert # _____

Ser # _____

Comment _____

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)



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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**" AND/OR DEANNA MARTINEZ, 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