



# VIP SERVICES

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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 – NEW HAMPSHIRE

### **DOCUMENTS REQUIRED:**

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1-NOTARIZED</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>\$12.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	<u>                    </u>

### **\*RETURN DELIVERY FEES:**

FED-EX PRIORITY	\$29.00	AVERAGE PROCESSING TIME	<u>7-10 DAYS</u>
FED-EX 2 DAY DELIVERY	\$23.50		
FED-EX 3 DAY DELIVERY	\$19.50	PREPARED BY:	_____
SATURDAY DELIVERY	\$41.50	TODAY'S DATE:	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED: 12-19-08 JEN

**Specializing in Visas, Passports, Document Legalization and Translations**

APPLICATION FOR A VITAL RECORDS CERTIFICATE

New Hampshire Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, NH 03301-2410

Table with 1 column and 3 rows: OFFICIAL USE ONLY: NUMBER, REQUESTED, ISSUED

Birth Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Child Child's Sex
Name of Father/Parent Child's Birthdate
Maiden Name of Mother/Parent Child's Birthplace

Death Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Deceased Sex
Date of Death Place of Death Issued [ ] With / [ ] Without Cause of Death

Marriage / Civil Union Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Groom/Person A Date of Marriage/Civil Union
Name of Bride/Person B Place of Marriage/Civil Union

Divorce / Civil Union Dissolution Number of copies (first copy issued at \$12.00; each additional copy, \$8.00)
Name of Husband/Person A Date of Decree
Name of Wife/Person B Place of Decree (county)

Decorative Non-Certified Heirloom Birth Certificate Number of copies (\$25.00 per copy)
Name of Child Child's Sex
Name of Father/Parent Child's Birthdate
Maiden Name of Mother/Parent Child's Birthplace

Non-Certified Pre-adoption Birth Record Number of copies (first copy issued at \$12.00; each add'l copy, \$8.00)
Name of Applicant after Adoption Child's Sex
Name of Adoptive Father Child's Birthdate
Maiden Name of Adoptive Mother Child's Birthplace

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD. PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire

I have enclosed a stamped, self-addressed, business-letter-sized envelope.

PLEASE PRINT

Applicant's Name: (FIRST) (MIDDLE) (LAST)
Applicant's Address: (STREET) (CITY/TOWN) (STATE) (ZIP CODE)
Applicant's Phone No.: (AREA CODE & NUMBER) Email:

Reason for Certificate Request:

Applicant's Signature: Relationship To Registrant: (Signature is required.)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)



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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