



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: _____

South Dakota Application for a Birth Record

VITAL RECORDS
207 E MISSOURI AVE, STE #1A
PIERRE SD 57501
605-773-4961

To receive a birth record you must:

- Choose an ordering method (see **Ordering Methods** in the instructions).
- Choose the type of identification that you need (see **Identification** in the instructions).
- Determine what fees apply to your request (see **Fees** in the instructions).
- Determine if you meet the eligibility requirements (see **Eligibility** in the instructions).

NOTE: If you want to order more than one type of Vital Record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the **Application for Vital Records Addendum**.

Section 1

C U S T O M E R	CUSTOMER'S FULL NAME			
	STREET ADDRESS (if your mailing address is a PO Box, please include your street address of residence)			
	CITY	STATE	ZIP	PHONE NUMBER ()

I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.

Customer's Signature: _____

Today's Date: _____

Section 2

B I R T H R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME
	# OF COPIES (\$10 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME	MAIDEN NAME/NAME PRIOR TO FIRST MARRIAGE
	FATHER'S FIRST NAME		MIDDLE NAME	LAST NAME
TYPE OF COPY		RELATIONSHIP - This area must be completed to receive a certified copy		
<input type="checkbox"/> Certified <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic <small>-A photostatic copy is a photocopy of the original record- not used for legal purposes</small>		<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 100 years		

Section 3

MAIL APPLICANTS ONLY - Applicants who are applying by mail must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant's signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date): _____

SEAL

Signature of Notary Public: _____

My commission expires: _____

Section 4

DESIGNATED AGENTS ONLY - The individual who is designating an agent to collect their record must complete this section and have their signature notarized.

I, _____ after being duly sworn upon oath,

SEAL

do here by authorize VIP SERVICES/STEPHEN LEIGHTON to act as my designated agent to obtain certified copies of vital records.

Signature of person designating an agent: _____

Subscribed to and sworn before me this (date): _____

FOR OFFICE USE ONLY

Signature of Notary Public: _____

My commission expires: _____



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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