



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: _____

WISCONSIN BIRTH CERTIFICATE APPLICATION
 (Mail or In-Person Requests)

PENALTIES: Any person who wilfully and knowingly makes a false application for a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1)]. Any person who wilfully and knowingly obtains a birth certificate for fraudulent purposes is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First			Middle	Last	YOUR DAYTIME TELEPHONE NUMBER ()
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.			MAIL TO ADDRESS (if different) Apt. No. ***PLEASE RETURN USING ATTACHED***		
	City, Village, or Township		State	Zip Code	City, Village, or Township	
				AIRBILL		
TYPE OF CURRENT VALID PHOTO ID (See item 5 on page 2.)		PHOTO ID NUMBER	STATE OF ISSUANCE (Indicate country, if not issued in U.S.A.)	EXPIRATION DATE		

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest" (categories A - E below.) You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A - E. In that case, you may check category F below. (See item 1 on page 2 for more details.)					
	Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the birth certificate.					
<input type="checkbox"/> A. I am the PERSON NAMED on the birth certificate.						
<input type="checkbox"/> B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. (Only those listed below qualify as immediate family.) NOTE: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as C - E.						
CHECK ONE. <input type="checkbox"/> Parent (whose name is on the birth certificate and whose parental rights have not been terminated)						
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent						
<input type="checkbox"/> C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required. See item 1 on page 2.)						
<input type="checkbox"/> D. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). (The written and signed authorization must accompany this application. See item 1 on page 2.) Specify whom you represent. _____						
<input type="checkbox"/> E. I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) Specify interest. _____						
<input type="checkbox"/> F. Uncertified copy (informational purposes only; not valid for legal purposes) - Persons not in categories A - E above OR who do not need a copy for legal purposes. (See item 1 on page 2.)						
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (Specify. This information will assist us in processing your request.)						

III. FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.					
	<input checked="" type="checkbox"/> Search Fee (includes one copy, if found) \$ 20.00 20.00					
<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy X \$ 3.00 \$0.00 State number of additional copies						
Note: If you cannot provide a specific year of birth (at least within a 5-year period), additional search fees will be charged for locating the record. TOTAL _____						

IV. BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle	Last Name as it appears on the birth certificate	
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (Month / Day / Year)	PLACE OF BIRTH - County	PLACE OF BIRTH - City, Village, or Township	
	Mother's Last Name ("Maiden Name") as it appears on the birth certificate		Mother's First Name	Mother's Middle Name	
	Father's Last Name as it appears on the birth certificate		Father's First Name	Father's Middle Name	

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance with the categories listed above.

SIGNATURE - Applicant (Person Named in Part I Who is Completing This Application)	Date Signed (Month / Day / Year)
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Important: If you do not sign and date this form above ↑, your request cannot be processed.



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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