



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 – 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:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	<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