### **VIP SERVICES**

Services 713-659-8

2012 Louisiana Street Houston, Texas 77002 713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: <a href="mailto:www.vippassports.com">www.vippassports.com</a> Email: <a href="mailto:info@vippassports.com">info@vippassports.com</a>

#### WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:	RETURN DOCUMENTS TO:
CONTACT:	CONTACT:
COMPANY:	COMPANY:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
TAX.	
EMAIL:	EMAIL:
BILLING INSTRUCTIONS:	CREDIT CARD INFORMATION:
AMOUNT ENCLOSED FOR DEPOSIT:	TYPE OF CARD:
	CARD #:
YOUR COMPANY P.O. OR REF#:	EXPIRATION DATE:
AUTHORIZED AMOUNT TO CHARGE MY CREDIT CARD: US\$	SIGNATURE OF CARD HOLDER REQUIRED:
STATE WHERE THE BIRTH OCCURRED:	
SO WHICH COUNTRY WILL THE DOCUMENT BE USE	D 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) REQ	UESTED FOR	R: BIRTH CERTIFICATE - N	NEBRASKA
	DOCUM	MENTS REQUIRED:	
VALID PASSPORT: PASSPORT TYPE PHOTO COMPANY LETTER: COPY OF INVITATION: OTHER:	(S): N/A N/A N/A N/A	APPLICATION (S): ITINERARY/TICKET: DRIVERS LICENSE: RELEASE LETTER:	1-NOTARIZED N/A 1-COPY 1-NOTARIZED
PLEASE FORWARD THI		D ALL THE ABOVE REQUIRED ISTED ADDRESS	MENTS TO THE ABOVE
	FEE	ES PER PERSON:	
STATE FEE:			\$12.00
VIP SERVICE	FEE:		\$75.00
MONEY ORD	ER FEE:		\$3.00
OTHER FEES	:		
*ADD RETUR	N DELIVERY		
TOTAL: (1	NO PERSONA	AL CHECKS PLEASE)	
	*RETUR	RN DELIVERY FEES:	
FED-EX PRIORITY	\$29.00	AVERAGE PROCESSING	TIME 4-7 DAYS
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

# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

This office has been registering births for persons born in Nebraska since 1904.

#### PLEASE TYPE OR PRINT LEGIBLY

Full name at birth(If adopted, list adoptive name)	
Month, day and year of birth	
City or town of birth Coun	ty of birth
Father's full name(If adopted, list adoptive father's name)	
Mother's full maiden name(If adopted, list adoptive mother's name)	
Is this the record of an adopted person? $\theta$ Yes $\theta$ No	
For what purpose is this record to be used?	
If this is not your record, how are you related to the persons list	ted on the record?
<u>Delayed Birth Certificate</u> - Legislation passed in 1941 pwho were born prior to 1904 <b>OR</b> for persons whose births were	provides for the filing of delayed birth certificates for persons e not recorded at the time of birth.
Is this a delayed birth certificate? $\theta$ Yes $\theta$ No	
<b>WARNING:</b> Section 71-649, Nebraska Revised Staturnish, or attempt to obtain any vital record for purpose.	
SIGNATURE	FOR OFFICE USE ONLY
	□ Chock □ MO □ Coch
Type or print name	Amount Received
Street Address	Date Received
City, State, Zip	
Telephone Number:	
Today's Date_ (Please enclose a <i>photocopy</i> of your photo ID [i.e. driver's license] when mailing this request in.) (Please make checks payable to Vital Records)	
***PLEASE RETURN CERTIFICATE***  ***USING AIRBILL ATTACHED***	
Rev. 5-9-06	

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#### RELEASE LETTER

VITAL RECORDS OFFICE

I,, AUTHORIZE YOUR VITAL RECORDS OFFICE TO DISCUSS THE STATUS OF THE BIRTH CERTIFICAT FOR WITH " <u>VIP SERVICES</u> ", 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 THISOF 20
NOTARY SIGNATURE & SEAL