



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: _____

COPY OF A BIRTH OR DEATH RECORD

Note: *The Vermont Vital Registry System did not start until 1857 and the state maintained only a listing of vital events recorded by town clerks from 1857-1908. Copies of certificates were not kept at the State level until after 1909. VSARA has only scattered microfilm copies of town recordings for events prior to 1857.*

FULL CERTIFIED COPY WITH SEAL - \$10.00 --- OR --- **INFORMATIONAL COPY - \$3.00**

Please mail a check or money order (U.S. Funds) made payable to the Vermont Secretary of State with a self-addressed stamped envelope to the address shown above. \$3.00 of the fee is applied to the search and is non-fundable. (For more detailed information on vital records fees, see 32 V.S.A. § 1715.)

Please type or print all information clearly.

1. Name at Birth (or after adoption):

2. Name at Death:

3. Date of Birth (if exact date is not known, give approximate):

4. Date of Death (if exact date is not known, give approximate):

5. Sex: FEMALE MALE

6. Name of Spouse:

7. Town or City of Birth:

8. Town or City of Death:

9. Mother (maiden name):

10. Father:

11. Indicate your relationship to party in question 1:

12. Number of copies wanted: BIRTH DEATH BOTH

13. Any other pertinent information:

14. This document is needed for:

APPLICANT INFORMATION

Name:

Address:

City/Town:

State/Zip:

METHOD OF PAYMENT

CASH \$

CHECK \$

MONEY ORDER \$

GROUP TO BE SEARCHED:

1760 – 1870
1980 and up are filed in single 1871 – 1908
year groups. Up to 5 years prior to 1909 – 1941
current year is available. *More recent* 1942 – 1954
records must be requested from the 1955 – 1979
Department of Health. 1980 - *

OFFICE USE ONLY:

Date Received by VSARA:

RESEARCHER:

****REFUNDS ARE NOT ISSUED FOR OVERPAYMENTS OF \$5.00 OR LESS. ****



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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