



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 – MINNESOTA

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>\$16.00</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>4-6 WEEKS</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



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

If fields are incomplete the application may not be processed

If you have questions, please e-mail osr1@health.state.mn.us or call 651-201-5970

BIRTH RECORD	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

What is your relationship to the subject?

- I am the:
 - subject
 - parent listed on the record
 - child of the subject
 - grandparent of the subject
 - spouse of subject
 - grandchild of the subject
- I am the party responsible for filing the birth record.
- I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order.)**
- I am a personal representative and the certified copy is required for the administration of the estate.
- I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
- I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar.)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
- I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties. **(Please provide a copy of your employee ID)**
- I am an attorney and my attorney license number is _____.
- I am presenting your office with a court order issued by a court of competent jurisdiction.
- I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application.) Must be mailed in.**

Purpose for your request:

APPLICANT	APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address) ***PLEASE RETURN USING ATTACHED AIRBILL***			
	CITY ***SEE AIRBILL***	STATE	ZIP	DAYTIME PHONE NUMBER
	E-MAIL ADDRESS			

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Please attach a copy of your valid Driver's license or State issued Identification card.

Signature MUST be notarized if applying by mail or fax.

Signed or attested before me on (date): _____

Signature of Notary Public: _____

My commission expires (date): _____

For Administrative Use only

I.D. viewed:

DL/ID #:

Initials:



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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