



# VIP SERVICES

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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 MEXICO

### **DOCUMENTS REQUIRED:**

VALID PASSPORT:	<u>N/A</u>	APPLICATION (S):	<u>1</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:	<u>***PLEASE SEE IMPORTANT NOTE BELOW***</u>		
	<u> </u>		
	<u> </u>		

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

### FEES PER PERSON:

STATE FEE:	<u>\$10.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	<u> </u>
*ADD RETURN DELIVERY:	<u> </u>
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	<u> </u>

### \*FEDERAL EXPRESS FEES:

### \*\*VISA PROCESSING TIME

PRIORITY LETTER	\$29.00	REGULAR PROCESSING TIME:	<u>4 WEEKS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50		
SATURDAY LETTER	\$41.50		

COMMENTS: ON THE APPLICATION, PLEASE COMPLETE THE QUESTIONS REGARDING THE INFORMATION FOR THE CHILD LISTED ON THE BIRTH CERTIFICATE AND HOW MANY COPIES YOU ARE REQUESTING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

REVISED: 12-16-08 JEN

# BIRTH SEARCH APPLICATION

The search fee for a certified birth certificate is \$ 10.00 per certificate.

Please make your **certified check** or **money order** payable to "New Mexico Vital Records". **DO NOT SEND CASH**

**Warning:** False application for a birth certificate is a criminal offense and punishable by fine and/or imprisonment.

**Note:** New Mexico Vital Records requires a photocopy of your government issued picture identification.

The birth name of the person on the certificate:

First, Middle Last Name

Date of birth:

Month/Day/ Century and Year

Place of birth:

City/County/State

The mother's full maiden name:

The father's full name:

**Immediate Family means any of the following: mother, father, maternal grandparent, paternal grandparent (if father is listed on record), sibling, child or current spouse.**

Your relationship to the person on the birth certificate (*Only immediate family as defined is eligible*):

For what purpose is this certificate requested?

Number of Birth Certificates @ \$10.00 each

I am requesting \_\_\_\_\_ certificates

Your legal signature:

Amount of Check or Money Order

\$

Print your full name and mailing address:

First, Middle, Last Name \*\*\*PLEASE SEE RETURN DELIVERY AIRBILL ATTACHED\*\*\*

Mailing Address \*\*\*PLEASE SEE RETURN DELIVERY AIRBILL ATTACHED\*\*\*

(If mailing to PO Box, provide physical address or geographical location of your residence)

City, State, Zip Code

Daytime Area Code and Telephone Number

( 713-659-8472 )

Please mail your application along with the search fee to:

New Mexico Vital Records

Post Office Box 26110

Santa Fe, NM 87502

**PLEASE ALLOW 4 WEEKS FOR PROCESSING**



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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**” AND/OR DEANNA MARTINEZ, 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