



VIP SERVICES

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vipassports.com Email: info@vipassports.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-SOUTH CAROLINA

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:	_____		

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

FEES PER PERSON:

STATE FEE: (SEE COMMENTS BELOW)	<u>\$12.00</u>
VIP SERVICE FEE:	<u>\$75.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
** SPECIAL HANDLING: (4-7 DAYS RUSH)	_____
OTHER FEES:	_____
*ADD RETURN DELIVERY:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

***FEDERAL EXPRESS FEES:**

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

****VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 2-4 WEEKS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE RUSH PROCESS (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 12-18-08 JEN

Specializing in Visas, Passports, Document Legalization and Translations



Vital Records Birth/Death Application

A photocopy of a government, school or employer photo identification of the applicant must be submitted with all requests. Applications without proper identification will be returned unprocessed.

Name of applicant: Day phone number:
Address:
City: State: Zip code:
E-mail address:

Address certificate to be mailed to if different than applicant's address:

Name:
Address:
City: State: Zip code:

Your relationship to person named on the certificate. (Check one)

Self Adult child Family member (specify)
Parent Guardian Legal representative (for whom?)

For what purpose are you requesting this certificate?

By signing this application, I understand that making a false application for a vital record is a felony under state law.

Signature of applicant:
Printed name of applicant:

BIRTH CERTIFICATES

Full name: Date of birth: Sex: City of birth: County of birth:
Name of mother prior to any marriage:
Name of father:
Were parents married at time of birth: Yes No Number of children born in SC to this mother?
Name at birth if ever changed for any reason other than marriage:
Specify the number and type of certification(s) requested:
Birth long (\$12) Additional long (\$3 each) Birth short (\$12) Additional short (\$3 each)
Total fees submitted: Expedite Additional \$5

DEATH CERTIFICATES

Name of deceased: Date of death: Age at death: Social security number
Sex: City of death: County of death:
Specify the number and type of certification(s) requested:
Death long (\$12) Additional long (\$3 each) Death short (\$12) Additional short (\$3 each)
Death statement (\$12) Additional statement (\$3 each)
Total fees submitted: Expedite Additional \$5

Send completed application/photocopy of identification to: SC DHEC - Vital Records
2600 Bull Street, Columbia, SC 29201

OFFICE USE ONLY

Date received: BC SFN R/F DC SFN R/F
BC 1st Search BC Issue Date Ist Search DC Issue Date
BC 2nd Search DCN 2nd Search DCN
LOC DNL
NFL/DNL



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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