

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
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Chief Medical
Officer

Authorization for Credit Card Use

| Card Information | | | |
|---|-----------------|-------------------|-------------------|
| Select One: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover | | | Amount Authorized |
| Credit Card Number | Expiration Date | CVV Security Code | |
| Billing Address (Street Address) | City | State | ZIP |

PLEASE NOTE: The name must match the person requesting information from the Office of Vital Records. The Office of Vital Records will not retain this information and it will be destroyed.

| Cardholder Information | | |
|--|-------------|-----------|
| Cardholder Name and billing address as it appears on the card. | | |
| First Name | Middle Name | Last Name |
| Cardholder's Phone Number | | |
| Cardholder's Email Address | | |
| Customer's Authorization | | |
| Customer's Signature | Date | |

(Revised 05/03/2023)