

Authorization for Credit Card Use

Attach Copy of Card Holders ID			
<input type="checkbox"/> Card Holder ID Attached			
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 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	

ALL IN GOOD HEALTH.