



Department of Health and Human Services
Bureau of Vital Statistics

Credit Card Information Form

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Date: _____

The Bureau of Vital Statistics accepts the following credit cards:



Shipping Methods:

____ Regular Mail

____ Priority Mail (\$15.00 plus the cost of the certificate)

____ Federal Express (\$45.00 plus the cost of the certificate)