

Please provide a copy of the credit card holder's valid identification.



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)