



Charlie Crist  
Governor

Ana M. Via Monte Ros, M.D., M.P.H.  
State Surgeon General

None of the data entered on this form will be saved to the Charlotte County Health Department Web Site or Database

**PLEASE PRINT CLEARLY OR USE YOUR COMPUTER TO ENTER ALL APPLICABLE INFORMATION**

TO: Charlotte County Health Department

**CREDIT CARD AUTHORIZATION**

We have taken an extra step to protect our clients from credit card fraud by requiring you to fill out this authorization form and then FAXING it along with a copy of your current state issued drivers license or ID (must be readable) to **(941) 624-7296**. This will ensure us that you are the person using the credit card for our services. It is very important for us to have you complete, sign the form and FAX it back to us along with the appropriate application as soon as possible so we can process your request. We thank you for your cooperation.

Type of Certificate:  BIRTH  DEATH

Name: FIRST  MI  LAST

Address:

City:  State  Zip Code:

Card Holder:  Credit Card #   
Enter name as it appears on card

Check Type:  Visa  Master Card

Expiration Date:  (mm/yyyy) Three Digit Security Code:

Credit Card Billing Address:

City:  State  Zip Code:

Phone #:  email address

I authorize Charlotte County Health Department to charge my credit card account for the following

Amount \$:

Signature:  Date:

**Be sure to sign this form and then FAX the completed form, application and current state issued driver's license or ID to (941) 624-7296**