

**City of Laredo Health Department
Vital Statistics Office
Credit Card Authorization Form**

Card Holder Information

Name on Card: _____
(Print name exactly as it appears on the credit card)

Billing Address: _____

City, State, Zip: _____

Phone Number: () _____

Payment Authorization

I hereby authorize the City of Laredo to charge the amount of \$ _____ for the purchase of the following:

Birth Certificate Death Certificate

Card Holder Signature

Date

For OFFICE USE ONLY:

Receipt # _____ Date _____

DM # _____

For security purposes, once transaction is processed this portion will be cut off and shredded.

Credit Card Type: Visa Master Card

Credit Card #: _____ Expiration Date: _____

Card Identification Number: _____ (last 3 digits on back of credit card)

Incomplete credit card authorization forms will not be processed for payment.