

Fee is \$18 for the first certificate and \$5 for each additional copy.

of certificates requested _____

Total Amount Enclosed: _____

Method of payment: (select one)

- Money Order
- Check
- Credit Card --- --- --- --- --- --- --- --- ---

We accept VISA/Mastercard/Discover/American Express

If paying with a credit card, please provide the following:

Cardholder Name: _____

Card #: _____

Type of Card: MC VISA Discover American Express (circle one)

Expiration _____ CVV (# on back) _____

Mail completed application, check or money order, and copy of your valid driver's license or other government issued identification to:

Vital Records
Jackson County Health Department
PO Box 307
Murphysboro, IL 62966

Handling Fees: Under \$50-\$1.75 fee, Over \$50-3.5% of Total

For CREDIT CARD PAYMENT ONLY, you may fax this form to 618-684-6023

If you have any questions, please call 618-684-3143 (ext. 104)

OFFICE USE ONLY: ID _____ Initials _____ Fee
Received \$ _____ Mailed _ Check Cash CC