Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH St. Johns County

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

None of the data entered on this form will be saved to the Florida Department of Health in St. Johns County website or database

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

TO: The Florida Department of Health in St. Johns County

CREDIT CARD AUTHORIZATION

We have taken an extra step to protect our clients from credit card fraud by requiring that the **Card Holder** complete this application, sign and attach photocopy of his/her valid State Driver's License or State ID. This will ensure that you are the person using the credit card for our services. 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 ☐ Discover ☐ American Express

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

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

I authorize Florida Department of Health in St. Johns County to charge my credit card account for the following:

Amount $: _____

Signature: _____ Date: _____

MAIL this completed form and application
with a copy of valid State Driver's License or ID to:
200 San Sebastian View Suite 1322, St. Augustine, FL 32084

Florida Department of Health in St. Johns County
Office of Vital Statistics
200 San Sebastian View, Ste 1322 • St. Augustine, FL 32084
PHONE: 904-506-6081, X 6092
StJohns.FloridaHealth.gov

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