

The Yolo County Clerk/Recorder's Office accepts check, money order, credit card or cash **(please do not mail cash)** payment for services.

Credit Card Payments:

The credit cards we accept are Visa, MasterCard, Discover and American Express.

When faxing or mailing, please use our Credit Card Form (available below) or from our [Forms](http://yolorecorder.org) page at yolorecorder.org.

Include this form with your application for services. Once your transaction is complete, we will securely destroy your payment form. If you do not wish to use this form, you may also fax your application, then after allowing enough time for our office to receive your application, call our office with your credit card information.

Phone number: 530-666-8130

Fax number: 530-666-8109

Checks or Money Orders:

Should be made payable to Yolo County Clerk/Recorder and mailed to:

Yolo County Clerk/Recorder

P.O. Box 1130

Woodland, CA 95776-1130

Please include a Self Addressed Stamped Envelope with your request or in lieu of the Self Addressed Stamped Envelope please add **\$1.00** for return postage.

Credit Card Authorization

Yolo County Clerk/Recorder

PO Box 1130

Woodland CA 95776

Phone (530) 666-8130 • Fax Number (530) 666-8109

The Clerk/Recorder accepts American Express, Discover, MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form and attach it to your application.

Please PRINT CLEARLY in blue or black ink only. **DATE:**

Please indicate the name(s) and document(s) you are requesting below:

NAME(S) ON RECORD:

Official Records: Ref # Vital Records: Birth Death Marriage

*** ADDITIONAL FEE FOR USPS MAILING (rates may vary):**

International mailing fees vary - please use the USPS website to calculate the fees and to get estimated times for delivery <https://www.usps.com/>

Priority Express Flat Rate \$23.75 (1 or 2 days) **Priority Mail Flat Rate \$6.65** (3 business days) **Regular First Class Mail \$1.00** (3-5 business days)

IMPORTANT: Delivery times may vary between one to three days, depending on the destination.

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD:

BILLING ADDRESS (Street or PO Box):

CITY: STATE: ZIP CODE:

DAYTIME TELEPHONE NUMBER: ALTERNATE NUMBER:

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E-MAIL (Optional): _____

Cardholder's Signature: _____
(Required)

Mail To: if address is different then application

Address:

UPON APPROVAL OF THE CHARGES BY YOUR CREDIT CARD COMPANY, YOUR CREDIT CARD INFO BELOW WILL BE SHREDDED.

Please charge to the following credit card:

AmEx Discover MasterCard Visa

(If preferred, you may call-in your credit card number information)

Credit Card No.:

Expiration Date: (mm/yy)

CVC Number
(security number)

NOTE: Fax machine is located in a secure area accessible to staff only.