



OFFICE OF STAN STANART
 COUNTY CLERK, HARRIS COUNTY, TEXAS
 PROBATE COURTS DEPARTMENT

FOR CUSTOMER USE ONLY (Please print or type)

Name of Cardholder:		Date:
Address:		
City:	State:	Zip:
Phone No.: ()	Fax No.: ()	

PLEASE PROVIDE REQUESTED PAYMENT INFORMATION

Credit Card: Visa MasterCard Discover American Exp.
There is a 4% surcharge on all services requested by mail, phone or fax.

Card No. _____ - _____ - _____ - _____ Expiration Date: __/__/__

Card Code ___ ___ Cardholder's Signature: _____

Frost Bank LegalEase Card No.500679-_____ - _____ - _____

Client No.: _____ Account Signature: _____

PLEASE PROVIDE TYPE OF SERVICE REQUESTED

Certified Copy of document on file (certified copies cannot be faxed to customer)

Non-Certified Copy of document on file

Exemplification Certificate (certificates cannot be faxed to customer)

Letters of: Testamentary Administration Guardianship # of letters _____

Delivered by: Mail to address above Fax to number above Customer will pick up

Payment of filing fees – original documents only, **no fax filings will be accepted.**

FOR COPY OR LETTER REQUESTS - PROVIDE CASE/DOCUMENT INFORMATION

For County Clerk Use Only:	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail	Entered by: _____