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.:
Email Address:	

PLEASE PROVIDE REQUESTED PAYMENT INFORMATION
Credit Card: □ Visa □ MasterCard □ Discover □ American Exp. ***There is a 4% surcharge on all services requested by mail, email, phone or fax.***
Card No. __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date: __ __/__ __ Card Code __ __ __ Cardholder's Signature:

PLEASE PROVIDE TYPE OF SERVICE REQUESTED
□ Certified Copy of document on file (certified copies cannot be faxed or emailed to customer)
□ Non-Certified Copy of document on file
□ Exemplification Certificate (certificates cannot be faxed or emailed to customer)
Letters of: ☐ Testamentary ☐ Administration ☐ Guardianship # of letters _____
Copies delivered by: □ Mail to address above □ Fax to number above □ Customer will pick up □ Email to address above **** Some document(s) may exceed the outgoing email file size limitations***
□ 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: □ fax □ phone □ mail □ email	Entered by: _____

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