

OFFICE OF DIANE TRAUTMAN

COUNTY CLERK, HARRIS COUNTY, TEXAS PROBATE COURTS DEPARTMENT

FOR C	USTOMER 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		Expiratio	on Date:/	
Card Code	Cardholder's 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				
Copies delivered by:	Mail to address above	□ Fax to n	□ 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 Us	e Only:	Amount: \$		
Receipt #		Approval Code:		
Requested by: fax phone mail email		Entered by:		