



Beverly B. Kaufman, County Clerk, Harris County
 Probate Courts Department
 P.O. Box 1525 • Houston, Texas 77251-1525
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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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp. <i>There is a 4% surcharge on all services requested by mail, phone or fax.</i>	
Card No. _____ - _____ - _____ - _____ Expiration Date: ____/____	
Card Code _____	Cardholder's Signature:
<input type="checkbox"/> Frost Bank LegalEase Card No.500679-_____ - _____ - _____	
Client No.: _____	Account Signature:
PLEASE PROVIDE TYPE OF SERVICE REQUESTED	
<input type="checkbox"/> Certified Copy of document on file (certified copies cannot be faxed to customer)	
<input type="checkbox"/> Non-Certified Copy of document on file	
<input type="checkbox"/> Exemplification Certificate (certificates cannot be faxed to customer)	
Letters of: <input type="checkbox"/> Testamentary <input type="checkbox"/> Administration <input type="checkbox"/> Guardianship # of letters _____	
Delivered by: <input type="checkbox"/> Mail to address above <input type="checkbox"/> Fax to number above <input type="checkbox"/> Customer will pick up	
<input type="checkbox"/> 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: _____