

INSTRUCTIONS FOR PAYING BY CREDIT CARD FOR A NON-CERTIFIED COPY OR CERTIFIED COPY

FOR MARRIAGE LICENSE COPIES: COMPLETE SECTIONS 1 AND 2.

FOR PROPERTY, MAP & CONDO RECORDS AND FORECLOSURE NOTICE COPIES: COMPLETE SECTIONS 1 AND 3.

FOR MISC. PERSONAL RECORDS, DD214'S, AND DBA APPLICATION COPIES: COMPLETE SECTIONS 1 AND 4.

****** FOR BIRTH OR DEATH RECORD COPIES, VISIT <http://www.cclerk.hctx.net/PersonalRecords.aspx#Vital>******

FORM SECTION DETAILS

SECTION 1. Please complete Section 1 entirely. If you do not have a fax number or email address, please put "N/A".

Please select on the appropriate line (Certified or Non-Certified), the type of copy, the number of copies requested, and how you would like your order delivered to you (faxed, emailed or mailed).

Note: Certified copies with a raised seal can ONLY be mailed. Please note that certified copies with a raised seal are to be printed on a legal size sheet of paper (8.5in x 14in). As a convenience to the public, we are offering to email an electronic version of a certified copy as an alternate delivery method. An electronic version of a certified copy will not have a raised seal and some offices may not accept it as sufficient proof.

Non-certified, plain copies can be emailed, mailed, or faxed.

If you would like both certified and non-certified copies, please select accordingly on the form.

SECTION 2. Please fill out names of both applicants. (First, middle, & last names used at the time of application)

SECTION 3. Please fill out type of document (i.e. Deed of Trust, Warranty Deed, Lien, Abstract of Judgment, etc.).

Please put property address in the address field.

Include Subdivision Name, Section, Lot, and Block, if known. (Located on your tax statement)

Include Grantor (Seller, Borrower or Plaintiff) Name in the Grantor field.

Include Grantee (Current Owner, Lender or Defendant) Name in the Grantee field.

Include the file number and film code number, if known.

Note: If more than one document is needed, please attach a separate page with the information along with this form. (Do NOT send more than one completed credit card form).

SECTION 4. Include file number and film code, if known.

Include type of document (i.e. Assumed Name/DBA application, Hospital Lien, Misc. Personal Record, etc.).

Include the name on record.

Search Fee:

\$5.00 (per search) unless file number/film code is provided

The fees for copies are as follows:

Paper Copy - \$1.00 per page.

Electronic (non-certified) - \$1.00 for up to 10 pages per document, and \$0.10 per additional page.

Certification Fee - \$5.00 per document.

Map or Condominium Records:

Non-certified - \$10.00 per page.

Certified copy - \$15.00 per page.

Options to submit the completed form:

Email: ccoinfoFM@cco.hctx.net

Mail: Harris County Clerk's Office
Attn: Public Records Department
P.O. Box 1525
Houston, TX 77251

FAX: 713-226-7273

NOTE: When sending the following credit card form, PLEASE DO NOT include this page of instruction.



OFFICE OF TENESHIA HUDSPETH

COUNTY CLERK, HARRIS COUNTY, TEXAS
PUBLIC RECORDS DEPARTMENT

Fees are subject to change without notice. Call 713-274-6390 for fee verification and assistance filling out this form

FIELDS MARKED WITH * ARE REQUIRED

(SECTION 1) PLEASE PROVIDE REQUESTED PAYMENT INFORMATION

*Name of Requestor:	Date:	
*Mailing Address:		
*City:	*State:	*Zip:
*Email Address:		
*Phone No.:	*Fax No.:	
*Cardholder Name (If Different from Requestor):		
*Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp.		*Billing Zip: _____
<i>There is a 4% surcharge on all services requested by mail, email, phone or fax.</i>		
*Card No. _____		*Expiration Date: ____/____/____
*Card Code _____ *Cardholder's/Authorized User Signature: _____		

TYPE OF COPIES AND METHOD OF DELIVERY REQUESTED

<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Mail	<input type="checkbox"/> Email (copy may not be accepted by some entities)	# of Copies:
<input type="checkbox"/> Non-Certified Copy	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Fax	# of Copies:

(SECTION 2) FOR MARRIAGE LICENSE COPY

Name of applicant 1:	Month/Year:
Name of applicant 2:	License/File #:

(SECTION 3) FOR PROPERTY RECORDS, MAPS, & FORECLOSURE COPIES

Document type:	File number:	Film code:	
Address:			
Subdivision:	Lot:	Block:	Section:
Grantor:	Grantee:		

(SECTION 4) FOR PERSONAL RECORDS, DBA & DD214 COPIES

File number:	Film code:	Date on document:
Document type:	Name(s) on document:	

For County Clerk Use Only:

Amount: \$	Date:	Fees Assessed By:
Copy Order #	Trans #	
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	Cashier:	

P.O. Box 1525 • Houston, TX 77251-1525 • PHONE 713-274-6390 • FAX (713) 226-7273

• ccoInfoFM@cco.hctx.net