



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

FOR CUSTOMER USE ONLY <i>(Please print or type)</i>	
Name of Cardholder:	Date:
Address:	
City:	State:                      Zip:
Phone No.:	Fax No.:
Email Address:	
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, email, phone or fax.</i>	
Card No. _____ - _____ - _____ - _____    Expiration Date: ____/____/____	
Card Code ____    Cardholder's 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 _____	
Copies 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"/> Email to address above <i>* Some document(s) may exceed the outgoing email file size limitations</i>	
<input type="checkbox"/> Payment of filing fees – original documents only, <b>no fax filings will be accepted.</b>	
FOR COPY OR LETTER REQUESTS – PROVIDE CASE/DOCUMENT INFORMATION	
<b>For County Clerk Use Only:</b>	Amount: \$ _____
Receipt # _____	Approval Code: _____
<b>Requested by:</b> <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	Entered by: _____