



OFFICE OF DIANE TRAUTMAN
 COUNTY CLERK, HARRIS COUNTY, TEXAS
 PERSONAL RECORDS DEPARTMENT

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: Visa MasterCard Discover American Exp.

There is a 4% surcharge on all services requested by mail, phone or fax.

Card No. _____ - _____ - _____ - _____ Expiration Date: ____/____

Card Code _____ Cardholder's Signature: _____

Frost Bank LegalEase Card No.500679- _____ - _____ - _____

Client No.: _____ Account Signature: _____

PLEASE PROVIDE TYPE OF SERVICE REQUESTED

Certified Copy of Birth or Death Certificate

Other: _____

SPECIAL FILING INSTRUCTIONS OR DOCUMENT COPY INFORMATION

For County Clerk Use Only:

Amount: \$ _____

Receipt # _____

Approval Code: _____

Requested by: fax phone mail

Entered by: _____