

**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>\*\*\*\***

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**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. Due to our office being closed to the public, in person delivery is not possible. 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.**

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**The fees for paper copies are as follows:**

**Non-Certified Paper Copy - \$1.00 per page.**

**Certified Paper Copy - \$5.00 certification fee per document & \$1.00 per page.**

**Electronic (non-certified) - \$1.00 per page.**

**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](mailto:ccoinfoFM@cco.hctx.net)**

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

**FAX: 713-437-4868**

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

(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

<b>Document type:</b>	<b>File number:</b>	<b>Film code:</b>	
<b>Address:</b>			
<b>Subdivision:</b>	<b>Lot:</b>	<b>Block:</b>	<b>Section:</b>
<b>Grantor:</b>	<b>Grantee:</b>		

(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:**

<b>Amount: \$</b>	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:	