

**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 CHRIS HOLLINS**  
 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

<b>FIELDS MARKED WITH * ARE REQUIRED</b>			
<b>(SECTION 1) PLEASE PROVIDE REQUESTED PAYMENT INFORMATION</b>			
*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: _____	
<b>TYPE OF COPIES AND METHOD OF DELIVERY REQUESTED</b>			
<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:
<b>(SECTION 2) FOR MARRIAGE LICENSE COPY</b>			
Name of applicant 1:		Month/Year:	
Name of applicant 2:		License/File #:	
<b>(SECTION 3) FOR PROPERTY RECORDS, MAPS, &amp; FORECLOSURE COPIES</b>			
Document type:		File number:	Film code:
Address:			
Subdivision:		Lot:	Block: Section:
Grantor:		Grantee:	
<b>(SECTION 4) FOR PERSONAL RECORDS, DBA &amp; DD214 COPIES</b>			
File number:		Film code:	Date on document:
Document type:		Name(s) on document:	
<b><u>For County Clerk Use Only:</u></b>			
<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:	