



**OFFICE OF CHRIS HOLLINS**  
 COUNTY CLERK, HARRIS COUNTY, TEXAS  
 PROBATE COURTS DEPARTMENT

SECTION 1 FOR CUSTOMER USE ONLY <i>(Please print or type)</i>	
Name of Cardholder:	Date:
Mailing Address:	
City:	State:                      Zip:
Phone No.:	Fax No.:
Email Address:	
SECTION 2 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:	
SECTION 3 PLEASE PROVIDE TYPE OF SERVICE REQUESTED	
<input type="checkbox"/> Certified Copy <input type="checkbox"/> Mail <input type="checkbox"/> Email <i>(certified copies may not be accepted by some entities)</i>	
# of Copies: _____	
<input type="checkbox"/> Non-Certified Copy <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax    # of Copies _____	
<i>* Some document(s) may exceed the outgoing email file size limitations</i>	
<input type="checkbox"/> Exemplification Certificate (certificates cannot be faxed or emailed to customer)	
Letters of: <input type="checkbox"/> Testamentary <input type="checkbox"/> Administration <input type="checkbox"/> Guardianship    # of letters _____	
<input type="checkbox"/> Mail to address above	
SECTION 4 PROVIDE CASE INFORMATION/NAME OF EACH DOCUMENT	
<b>For County Clerk Use Only:</b>	Amount: \$
Approval Code: _____	Entered by: