



**OFFICE OF STAN STANART**  
 COUNTY CLERK, HARRIS COUNTY, TEXAS  
 PROBATE COURTS 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 document on file (certified copies cannot be faxed to customer)

Non-Certified Copy of document on file

Exemplification Certificate (certificates cannot be faxed to customer)

Letters of:     Testamentary     Administration     Guardianship    # of letters \_\_\_\_\_

Delivered by:  Mail to address above     Fax to number above     Customer will pick up

Payment of filing fees – original documents only, **no fax filings will be accepted.**

**FOR COPY OR LETTER REQUESTS - PROVIDE CASE/DOCUMENT INFORMATION**


<b>For County Clerk Use Only:</b>	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail	Entered by: _____