

FORT BEND COUNTY CLERK'S OFFICE PROBATE COPY REQUEST

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DATE: _____ CAUSE NO. _____

ESTATE/GUARDIANSHIP OF _____

NAME OF PERSON/COMPANY REQUESTING: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

CALL FOR PICKUP CALLED CUSTOMER FOR PICKUP ON _____

HOLD FOR PICKUP

MAIL WHEN READY

EMAIL WHEN READY

PLEASE CHECK ONE:

NON-CERTIFIED COPY (Plain) \$1.00 per page

CERTIFIED COPY – PAPER (Seal) \$1.00 per page PLUS \$5.00 per certification

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LIST OF COPIES NEEDED:

NO. OF PAGES COPY OF:

_____ APPLICATION

_____ WILL

_____ ORDER

_____ INVENTORY

_____ LETTER/S _____

ESCROW USERS, PLEASE CHECK ONE: CHARGE ESCROW ACCOUNT #

DO NOT CHARGE MY ACCOUNT

*****If you pay by check the following is required: Printed name, address and phone number on the check
Date of birth and driver's license number of signer.**

ALL REQUESTS MUST BE SIGNED.

Confidential information may be redacted from the documents requested.

Signature of Person Requesting

Amount Due: \$ _____ Date: _____ Payment Taken By: _____

CASH _____ CHECK # _____ RECEIPT # _____ Date

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