

FORT BEND COUNTY CLERK'S OFFICE PROBATE COPY REQUEST

DATE: _____

CAUSE NO. _____

ESTATE/GUARDIANSHIP OF _____

NAME OF PERSON/COMPANY REQUESTING: _____

ADDRESS: _____

PHONE NUMBER: _____

CALL FOR PICKUP
 HOLD FOR PICKUP
 MAIL WHEN READY

CALLED CUSTOMER FOR PICKUP ON _____

PLEASE CHECK ONE:

NON-CERTIFIED COPY
 CERTIFIED COPY

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

MADE BY: _____ AMOUNT DUE: _____ DATE MADE: _____

CASH _____ CHECK # _____ RECEIPT # _____