

PROBATE RECORDS REQUEST

Cause No. (if known): _____ (\$10.00 fee charged if not provided)

Name of Decedent: _____

Date of Death: _____

Person/Agency Requesting copies: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

Someone will contact with the final cost of copies.

SIGNATURE: _____

Date of Request: _____

Records being requested (list each individual document, *i.e.*, Application, Order, Inventory):

\$ 1.00 per page

\$ 5.00 per document, plus \$1.00 per page for certified copies

\$10.00 per name in addition to all applicable copy charges for requests without a cause number.

Include a self-addressed, pre-paid return envelope.

COUNTY CLERK USE

Record prepared by: _____

Contacted Recipient: _____

Date Record Retrieved: _____

Fee Charged: _____ Fee Collected: _____

Mail request to: Grayson County Clerk, 100 W. Houston, #17, Sherman, TX 75495