



## Request for Copy of a Document

Date of Request \_\_\_\_\_

Type of Document: and fee (circle one)	Assumed Name Certificate \$7.00	Abstract of Judgment \$7.00
	Federal Tax Lien \$12.00	Hospital Lien \$7.00

### **ADD \$5.00 FOR CERTIFIED COPIES**

Other record (call us for cost): \_\_\_\_\_

Names, dates and/or other information on the document: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate date record was filed: \_\_\_\_\_ month/day/year  
must provide at minimum a 10 year period for search

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

should we need to call you

Your Date of Birth and Driver's License Number

\_\_\_\_\_

if you are paying by personal check

Signature: \_\_\_\_\_

Do not use this form to obtain a copy of a marriage license, deeds, birth and death certificates or probate. Mail the completed form and payment to Taylor County Clerk's Office, 300 Oak Street, Suite 100, Abilene, Texas, 79602