

MISDEMEANOR & PROBATE RECORD REQUEST FORM

THIS FORM IS TO ONLY BE USED FOR MISDEMEANOR & PROBATE RECORDS

	CAUSE #	DEFENDANT/ DECEASED	TYPE OF DOCUMENT
1			
2			
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4			
5			
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7			
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9			
10			

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Requestors Signature: _____ Phone# (_____) _____ - _____

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Number of Non-Cert. Copies: _____ Total # of Copies: _____

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Non-certified copies: \$1 per page

Certified copies: \$1 per page as well as an additional \$5 per document

(Please indicate if you're wanting documents non-certified, certified individually or certified as a whole.)

Notes for Certification: _____

ALL PAYMENTS MUST BE MADE WITH CHECK OR MONEY ORDER

<u>OFFICE USE ONLY</u>	
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RED RIVER COUNTY CLERK
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