



**CAROL SWIZE**  
KARNES COUNTY, COUNTY CLERK  
210 W. CALVERT, SUITE 100  
KARNES CITY, TEXAS 78118  
Phone: (830)-780-3938  
Fax: (830)-780-4576

### **REQUEST FOR LETTERS**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.** Our fee is \$2 per letter. You must be the executor/administrator to apply for letters. Please provide a copy of your Driver's license or ID. Fees must be paid before requests will be processed and/or copy will be issued. Please do not send cash through the mail. Providing a self-addressed, stamped envelope will help us to expedite your order. Checks and money orders should be payable to "Karnes County Clerk."

#### Applicant Information:

Name: \_\_\_\_\_

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

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

Case number: \_\_\_\_\_

Name of deceased/ward: \_\_\_\_\_

Letters requested: \_\_\_\_\_

- ☐ In office
- ☐ Mail to: \_\_\_\_\_

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Signature of Applicant

Date

**THE STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Before me on this day personally appeared \_\_\_\_\_, known to me or proved to me through \_\_\_\_\_ to be the person(s) whose names(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE, ON** \_\_\_\_\_, **20** \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Printed Name

(SPACE BELOW RESERVED FOR INTERNAL OFFICE USE)

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Date Issued: \_\_\_\_\_ Deputy: \_\_\_\_\_

Number of letters: \_\_\_\_\_