

IN THE 16TH CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
 PROBATE DEPARTMENT

COPY REQUEST FORM

Estate Name: _____

Estate Number: _____

Document Requested	Document Filed Date	Photocopy	Certified	Attested	Authenticated	No. of Copies	Amount Due
Letters							
Application for Letters							
Will							
Codicil							
Order of Distribution							
Order of Discharge							
Order of Refusal of Letters							
Inventory							
Other:							
Other:							
Other:							
Other:							
Entire File							
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NOTE: Payment must be received before your request will be processed. Please allow 5-7 business days after payment for processing.

Today's Date _____

Requestor Name _____

Requestor Address _____

Requestor Phone No. _____

Indicate the preferred method of delivery: Pick-up
 Mail (Requestor must provide self-addressed postage paid envelope)

Copy Fees - Charge to Estate
 Copy Fees - Paid _____