

Request Form for Social Security Number Removal

Date: _____

Name of Holder of Social Security Number: _____

Phone Number: (Optional) _____

Relationship to Requester:

Self

Attorney, specify _____

Legal Guardian, specify _____

For Redaction/Removal of Social Security Number from an Official Record Image on a Publicly Available Internet website, please provide:

Instrument Number / Book and Page Number / Document Type

For Redaction/Removal of Social Security Numbers from Court Records, please specify:

Case Number / Document Name / Page Number

Signature: _____

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____