

Request to Redact Social Security Number
 From Public Documents
 County Clerk District Clerk
 Case Number _____

I request that the first five numbers of my social security number found in the following document(s) be removed from public access:

Name listed on Document	Document Title	Volume/Page of Case Number	Page # that SSN appears

I am the owner of the Social Security (SSN) that appears in the document(s) listed above.

I submit this request along with proof of my identification for the purpose of preventing full disclosure of my SSN, and I understand that the last four digits must remain in the public documents as required by law.

 Printed Full Name

 Daytime Phone Number

 Signature

 Date

 Address

 City/State/Zip

For Office Use	
Date Request Received: _____	Date Redaction Completed: _____
Identification Copied: _____	Website Notified to Update: _____
Redaction Process Completed by: _____ Deputy	
Comments: _____	