

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 _____