

Request to Redact Social Security Number
From Public Documents

County Clerk District Clerk

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 or 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 Only	
Date Request Received: _____	Date Redaction Completed: _____
Identification Copied: _____	Website Notified to Update: _____
Redaction Process Completed by: _____ Deputy	
Comments: _____	