

# Request Form for Social Security Number Removal



Date: \_\_\_\_\_

Name of Holder of Social Security Number: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **Relationship to Requester:**

Self

Attorney, specify

Legal Guardian, specify

Other

## **Type of Exemption**

Bank Account Number

Credit, Debit, Charge Account

Social Security Number

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

Instrument Number / Book and Page Number / Document Type

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **For Redaction/Removal of Social Security Numbers from Court Records, please specify the following:**

Case Number / Document Name / Page Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **For Office Use Only:**

Date Request Received \_\_\_\_\_

Date Request Completed \_\_\_\_\_

Clerk Processing Request \_\_\_\_\_