

REQUEST FORM FOR SOCIAL SECURITY NUMBER REMOVAL

DATE: _____

NAME OF HOLDER OF SOCIAL SECURITY NUMBER: _____

PHONE NUMBER (OPTIONAL): _____

RELATIONSHIP TO REQUESTER: _____

- ☐ SELF
☐ ATTORNEY
☐ LEGAL GUARDIAN

**FOR REDACTION/REMOVAL OF SOCIAL SECURITY NUMBER FROM AN OFFICIAL
RECORD IMAGE ON A PUBLICLY AVAILABLE INTERNET WEBSITE, PLEASE PROVIDE:**

INSTRUMENT NUMBER: _____

BOOK NUMBER: _____ PAGE NUMBER: _____

DOCUMENT TYPE: _____

**FOR REDACTION/REMOVAL OF SOCIAL SECURITY NUMBERS FROM COURT RECORDS,
PLEASE PROVIDE:**

Case Number: _____ Page Number: _____

Document Name: _____

Signature: _____ Date: _____

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____