

County Clerk, Jackson County
Request to Redact Social Security Number
From Public Documents

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 Instrument	Instrument	Volume/Page	Page # w/ SSN

I am the Individual or Individual(s) Representative 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 the SSN, and I understand that the last four digits must remain in the public document as required by law.

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Signature

Date

Signed on this ____ day of _____, 20__

Notary Seal

STATE OF _____

COUNTY OF _____

This document was acknowledged before me this ____ day of _____, 20__, by _____.

Notary Public, State of _____

FOR OFFICE USE

Date Request Received: _____

Date Redaction Completed: _____

Identification Copied: _____

Website Notified to Update: _____

Redaction Process Completed By: _____, Deputy

Comments: _____