



**DALLAS COUNTY DISTRICT CLERK**

**Social Security Number Redaction Form**

In accordance with Section 552.147 (d) of the Texas Government Code, this form is provided for the redaction of all but the last four digits of the Individual's social security number.

Unless otherwise prevented by law, the Social Security numbers of the Individual will be redacted from the specific documents identified by the Individual or the Individual's legal representative\* below:

Individual's Name:

Phone:

Email:

Address:

City:

State:

Zip:

**Specific Document(s) from which the social security number should be redacted:**

Cause Number:

Styled:

Document Title

File / Order Date

Page # with SSN

*By my signature below, I certify that I am the above named Individual, or the Individual's legal representative\*, and I am at least 18 years of age. I request the Dallas County District Clerk to redact the Individual's social security number from the document(s) listed above. I understand that not all social security numbers are subject to redaction.*

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

Date:

\*Name of Legal Rep.:

Relationship:

Return form to **DCRecords@dallascounty.org**