



Dallas County Clerk and 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 #: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

CAUSE NUMBER (if applicable): _____

| DOCUMENT TITLE | FILE DATE / DATE OF ORDER | PAGE # WITH SS# |
|----------------|------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 Clerk Dallas County District Clerk 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: _____

| | |
|---|-----------------------------------|
| FOR OFFICE USE | |
| Date Request Received: _____ | Date Redaction Completed: _____ |
| Identification Copied: _____ | Website Notified to Update: _____ |
| Redaction Process Completed By: _____, Deputy | |
| Comments: _____ | |