



GINA RENEE' GRAY
 County and District Clerk
 Sherman County, Texas

P. O. Box 270
 Stratford, Texas 79084

Phone (806)366-2371
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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 County Clerk 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: _____	