



**Office of Lydia Gardner
Orange County Clerk of Courts**

Request Form for Social Security Number Removal

Date: _____

Name of Holder of Social Security Number: _____

Phone Number: (optional) _____

Relationship to Requester:

Self

Attorney, specify

Legal Guardian, specify

For Redaction/Removal of Social Security Numbers from Court Records, please specify:

Case Number/Document Name/Page Number

Signature: _____

For Office Use Only:

Date Request Received _____

Date Request Completed _____

Clerk Processing Request _____