

ST. JOHNS COUNTY CLERK OF THE CIRCUIT COURT

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 Number from an Official Record Image on a Publicly Available Internet website, please provide:

Instrument Number	Book and Page Number	Document Type
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

Case Number	Document Name	Page Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature: _____ Date: _____

Failure to provide complete and accurate information may result in an inability to process this request. Be advised that copies of the public record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of the Clerk of the Circuit Court of any additional or future documents the requestor desires to be redacted. Florida law requires that images and copies of recorded documents remain on file and available to the public in the office of the Clerk/ County Recorder.

This request may be delivered in person, by mail, by fax, or by email.

Address: Clerk of Circuit Court, 4010 Lewis Speedway Blvd, St. Augustine, Florida, 32084

Fax Number: 904-819-3662

Email: reccoc2@sjccoc.us

For Office Use Only:

Date Request Received _____ Date Request Completed _____ Clerk Processing Request _____