

**Bastrop County Clerk**  
**Honorable Krista Bartsch**

**REQUEST FOR PARTIAL REMOVAL OF SOCIAL SECURITY NUMBER**

*Pursuant to Government Code 552.147(d) HB 2061 (March 2007)*

***Any person requesting removal of social security number must present valid identification and identify the specific document(s) involved.***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(As it appears on document)

Address: \_\_\_\_\_

Identification: \_\_\_\_\_ SSN (for verification only) \_\_\_\_\_

**Please identify the SPECIFIC document(s) from which the information is to be removed:**

Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____
Doc Type _____	Doc# _____	File Date _____	Vol/Pg _____	Clk. Initials _____

I \_\_\_\_\_ do solemnly swear that I am the person named in the above listed documents and it is my confidential information that is to be removed.

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

*SUBSCRIBED and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.*

\_\_\_\_\_  
Notary Public/County Clerk (Deputy)

Submit this form with photocopy of identification (i.e., driver's license, etc.) to:

**Bastrop County Clerk**  
**P O Box 577**  
**Bastrop, TX 78602**

***This is a government document. Texas Penal Code, Chapter 37, specifies penalties for making false entries or providing false information in this document. Intentionally providing false or fraudulent information on this application is a violation of the law and may result in imprisonment of not more than 5 years and/or a fine of up to \$250,000 for individuals or \$500,000 for organizations. (Title 18, United States Code, Sec. 1001)***