**IN THE STATE OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COURT IN AND FOR \_\_\_\_\_\_\_\_\_\_\_COUNTY**

|  |  |
| --- | --- |
| **IN RE The Name Change Of** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Case No. ---------** **PROTECTED INFORMATION  SOCIAL SECURITY NUMBER** (Adult Not Dissolution of Marriage) |

**PLEASE NOTE:** This form is for the submission of the protection of social security numbers **ONLY**. Please print or type all information.

**1. Petitioner** *The person who filed this case.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Original Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last*

|  |  |  |
| --- | --- | --- |
| **Protected Information Type** | **Complete Information** | **Redacted Information** |
| A. Social Security number | - -  |  *Last four digits only* |
| B. Date of birth |  / /  |  *Not Redacted*  |
| C. Individual Taxpayer Identification numbers |  --- – ----  |  *----Last four digits only* |
| D. Personal identification numbers(If no social security number) |  *Full Number* | *Partial only* |

Information supplied by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This is not a substitute for legal advice. An attorney must be consulted. To find an attorney in your area, please go to lawsonline.com