

**REQUEST FOR REDACTION OF SOCIAL SECURITY NUMBER
FROM ELECTRONIC DATABASES
(TCA 10-7-515)**

1. Full name of individual (s) whose social security number (s) will be redacted as it appears on the document:

2. Name of person(s) making the request if different than above:

3. If not the individual whose social security number will be redacted, identify the legal relationship that entitles you to make the request: (check one)

a. Surviving spouse ___ b. Attorney-in-fact ___ c. Court appointed guardian ___

4. Type of record: _____

5. Book and page number(s) or other reference identifying where the document is recorded in the Shelby County Register's office:

6. Signature of person(s) making the request:

State of _____
County of _____

Personally appeared before me, _____ (person duly authorized to take acknowledgements in [_____] county), the within named _____, with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence) and who acknowledges that such person executed the within instrument for the purpose of making a request of the register of deeds of Shelby County, Tennessee, to redact a social security identification number from the aforementioned record, excepting microfilm records.

Witness my hand this _____ day of _____, 20_____.

Notary

[Space for Seal of Office]