



Recorder of Deeds
 PO Box 543
 Belleville IL 62222
recorder@co.st-clair.il.us

REDACTION REQUEST

Please use this form for removal of Social Security Numbers & Personal Numbers on imaged documents recorded in the St. Clair County Recorder's Office. Please Note: Illinois State Statute, HB5586, exempts State or Federal Liens and Death Certificates from redaction.

To complete this form, **you must** provide the Recorder's Office with the **Document Number** of **each document** you wish to have redacted. You may wish to visit our office, to complete a thorough search of the records, for the appropriate document numbers needed to complete this form. Our office hours are 8:30-5:00 Monday thru Friday. Please note: we cannot complete a search for you.

Please print clearly (all fields are required) :

Name: _____

Address: _____
City State Zip

Phone: _____

Email: _____

Please list the **document numbers** below and check the appropriate box referencing the personal information you would like deleted.

Document #'s

- Passport #
- Personal ID # (PIN)
- Debit card #/Credit Card #
- State ID #
- Social Security Number
- Checking account # / Savings account #
- Employer taxpayer ID#
- Driver license #

If you have any questions regarding this form, please contact the St. Clair County Recorder of Deeds Office. 618-277-6600 Ext 2487 or email recorder@co.st-clair.il.us

By submitting this request you are attesting that you are the person whose personal information is contained in the above documents or that you have the consent of the individual to act on their behalf.

You will be provided, by email, a copy of the redacted document(s).

For official use only

Date request received: _____

Date redaction completed: _____

Request processed by: _____