



Jackson County Recorder of Deeds Department
Application Form for
Redaction of "Sensitive Personal Identifying Information"

(Per Missouri Revised Statute 59.332 effective August 28, 2006)

Thank you for your request. We will expedite this application form as soon as possible.

For Redaction of Social Security Number(s), Bank Account Number(s), or Credit Card Number(s) from recorded document, please provide the following information:

Today's Date: _____

I. Please check "one" of the following boxes and complete the requested information:

Name of Applicant (print): _____

Name of Applicant's Attorney (print): _____

Name of Applicant's Legal Guardian (print): _____

II. Please provide your signature: _____

III. Please identify document information:

Document Type:

(Example: Warranty Deed
Deed of Trust, Decree, Etc.)

Instrument Number:

(Example: 2006E1234567)
(Example: 2001K1234567)

Page number(s):

(Example: Pages 2 & 7)

PLEASE NOTE: All requests **MUST** be accompanied with a copy of the document in question, and all information that is to be redacted **MUST** be highlighted or otherwise indicated. You may obtain a free copy of your documents on our Web site. Start your search at www.jacksongov.org/recorder.

IV. Once complete, this request may be delivered in person or by mail at either:

Jackson County Recorder of Deeds
Attention: Redaction Services
Room 104
415 East 12th Street
Kansas City, MO 64106

Jackson County Recorder of Deeds
Attention: Redaction Services
Suite 30
112 West Lexington Ave.
Independence, MO 64050

For additional assistance with this form, please call 816-881-3191. Thank you.

For Office Use Only

Date Receive: _____ Date Redacted: _____

Processing Representative: _____ Reference Number: _____