

SHARRON A. KING  
 Register of Deeds

**REQUEST FORM FOR NUMBER (S) REDACTION**

For redaction (masking) of number(s) from the Sullivan County Registry of Deeds internet website **only**.

The redaction (masking) is for social security numbers; credit card numbers and deposit account numbers **only**. Pursuant to RSA 478:4-b the redaction of this information does not apply to state or federal tax liens, certified copies of death certificates, and other documents required by law to contain such information that are filed or recorded in the office of the register of deeds.

Failure to provide complete and accurate information may result in an inability to process this request. Be advised that copies of the public record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of the Register of Deeds of any additional or future numbers the requestor desires to be redacted (masked) from the internet website **only**.

New Hampshire law requires that images and copies of recorded documents remain on file and available to the public in the office of the Register of Deeds.

The Signor/Requestor making the following request, by signing this form, hereby acknowledges that they understand that this request for redaction is for the information as stated in RSA 478:4-b and the internet website record **only**.

This Registry will require that this request form be submitted in person or by mail **only**. If you have any other questions, please contact the Registry.

Please redact (mask) the number(s) belonging to:

**Please circle one of the following:**

- 1) I am the holder of the number.
- 2) I am the authorized person/legal guardian/attorney/for the person that I am making this request for.

**Name of Requestor(s)/Signor(s):** \_\_\_\_\_  
 Type or Print Name: \_\_\_\_\_

\_\_\_\_\_   
 Type or Print Name: \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Please provide the following information:**

Instrument Number	Book & Page Number	Document Type	Number Type		
			SS#	Deposit Acct.	Credit Card #


**For office use only:** Date request received: \_\_\_\_\_  
 Date request completed: \_\_\_\_\_  
 Request processed by: \_\_\_\_\_