

Confidential Information: Social Security Number Form

In the Iowa District Court for _____ County
County

Plaintiff(s) / Petitioner(s)

Full name of the Plaintiff: first, middle, last

vs.

Defendant(s) / Respondent(s)

Full name: first, middle, last

Civil no. _____

Leave blank – Clerk of court will fill in

**Confidential Information:
Social Security Number Form**

Note: This form is for the submission of Social Security numbers **only** in actions other than paternity and child support enforcement. Dates of birth and employer identification numbers are not confidential and should appear on the heading or face of the Petition, Answer, etc.

	Name <i>Full name: first, middle, last</i>	Social Security number
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Deceased/Ward/Testators	1. _____	_____ - _____ - _____
	2. _____	_____ - _____ - _____
	3. _____	_____ - _____ - _____

Fiduciaries	1. _____	_____ - _____ - _____
	2. _____	_____ - _____ - _____
	3. _____	_____ - _____ - _____
	4. _____	_____ - _____ - _____
	5. _____	_____ - _____ - _____

Other Parties	1. _____	_____ - _____ - _____
	2. _____	_____ - _____ - _____
	3. _____	_____ - _____ - _____

Information provided by _____
First name Middle name Last name

Signature

_____, 20____
Date signed: Month Day Year