HURON COUNTY JUVENILE COURT

Personal Identifiers Omission Form

Updated 6/1/2021

Today's Date:		
In the Matter of:		
are omitted from a case docum	e Ohio Rules of Superintendence, whe ent submitted to the Court for filing, th hall submit the omitted information or	ne party who
	Email:	
	Date of Birth:	
Defendant Name:		
	Email:	
	Date of Birth:	
(
	Date of Birth:	
•	Date of Bildi.	
	Mother's DOB:	
Father's Name:		
Father's Phone Number:		

Father's SSN: _____ Father's DOB: _____

<u>Child</u>		
Name:		
Social Security Number:	Date of Birth:	
Mother's Name:		
Address:		
Mother's SSN:	Mother's DOB:	
Father's Name:		
Address:		
Father's SSN:	Father's DOB:	
Child		
Name:		
Address:		
Social Security Number:	Date of Birth:	
Mother's Name:		
Address:		
Mother's SSN:	Mother's DOB:	
Address:		
Father's SSN:	Father's DOB:	
•	cluding requested information above for additional child loyer and employee identification numbers):	lren, and