

# OFFICE OF THE MORRIS COUNTY CLERK

**Ann F. Grossi, Esq.**  
**Morris County Clerk**

**Anna McMahon**  
**Deputy Clerk**



## Daniel's Law Opt-In Request Form

Although S3553/A-5359 changes the implementation date of Daniel's Law to December 10, 2021, the legislation does not change the effective date of the section of the law relating to any active, formerly active, or retired judicial officer, prosecutor or immediate family member to request removal/redaction of their information from the internet.

The covered person/requester acknowledges and understands that submission of this form authorizes and grants permission to the agency to remove/redact the permanent primary residence information from their records.

1. Name: \_\_\_\_\_

2. Position or Title: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. County: \_\_\_\_\_

6. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I certify that I am a: \_\_\_\_\_ Judge \_\_\_\_\_ Law Enforcement Officer  
\_\_\_\_\_ Prosecutor \_\_\_\_\_ Immediate Family Member

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If immediate family member, please specify Name, Title (i.e., Judge, Prosecutor, or Law Enforcement Officer) and relationship to said official.

\_\_\_\_\_  
Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** A separate and additional form must be submitted for each immediate family member living in the primary residence as outlined within the dictates of Daniel's Law.

**ALL FORMS** are to be submitted via mail or in person and **NOT** submitted electronically.

Mailing Address: Morris County Clerk  
PO Box 315  
Morristown, New Jersey 07963-0315  
Attn: Ann Bedkowski, Chief Clerk

Please mark envelope: **CONFIDENTIAL**

7. Description of Document Requiring Removal/Redaction:

Instrument #: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_

Document Type: \_\_\_\_\_ Recording Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

County Clerk Employee Signature: \_\_\_\_\_

County Clerk Recorder Signature: \_\_\_\_\_

County Clerk Verifier Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

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