

DECLARATION OF CUSTODIAN OF RECORDS

RE:
Date of Birth: / /
Social Security Number:

I, _____ being the duly authorized Custodian of Records or other qualified witness at:

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

say:

- () That as of the day of this declaration, the attached documents are a true and completed copy of all records of the above-mentioned individual which were kept and maintained by the facility in the usual course of business. There are _____ pages in the original chart/file and I have supplied _____ pages.
- () That as of the date of this declaration, I have not supplied the complete records of the above-mentioned individual, and the following records have been omitted: _____
_____.
- () That as of the date of this declaration, no records are in my possession of the above-mentioned individual.

I hereby certify and declare under the penalty of perjury under the laws of this state, that the foregoing is true and correct.

(Custodian's Signature)

Dated at _____, _____, this _____ day of _____, _____
(city/town) (State) (month) (year)

DECLARATION OF PROFESSIONAL PHOTOCOPIER

I, _____, declare that the attached copy of records is a true and complete copy of all records provided.

The attached copy of records shall be transmitted or distributed only to authorized persons or entities.

(Signature of Professional Photocopier)

(Name of Service)

Dated at _____, _____, this _____ day of _____, _____
(city/town) (state) (month) (year)