

CERTIFICATION OF RECORDS

I, _____, the custodian of records for _____
(Name) (Facility Name)

Certify that the attached records are true and correct reproductions of the original documents in my custody pertaining to :

(Name) (Alias)

Social Security Number: _____ Date of Birth: _____

Number of Pages copied: _____

The copies of records for which this certification is made are true and complete reproductions of the original or microfilmed records which are housed at the address below.

(Facility Name)

(Facility Address) and (Phone Number)

The original records were prepared in the ordinary course of business at or near the time of the act, condition, or event by a person with knowledge of the facts records. This certification is given in lieu of the custodian’s live testimony or deposition.

(Custodian of Records)

State of Kentucky
County of _____

Subscribed and Sworn to before me by _____, custodian of records for _____, this _____ day of _____, 20_____.

My Commission Expires: _____

NOTARY PUBLIC