

**MEDICAL RECORDS AFFIDAVIT**

THE STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

RECORDS PERTAINING TO:

**Social Security No:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Dates of Service:** \_\_\_\_\_

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_ who, being by me duly sworn, and deposed as follows:

My name is \_\_\_\_\_. I am over eighteen (18) years of age, of sound mind, and capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of \_\_\_\_\_. Attached hereto are \_\_\_\_\_ pages of medical records from \_\_\_\_\_. These said \_\_\_\_\_ pages of medical records are kept by \_\_\_\_\_ in the regular course of business, and it was the regular course of business of \_\_\_\_\_, for an employee or representative of \_\_\_\_\_, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

AFFIANT Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public in and for  
the State of \_\_\_\_\_