

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

NAME	:	
Plaintiff,	:	
	:	
v.	:	CASE NO.: 000000000000
	:	
NAME	:	
Defendant.	:	
	:	

CERTIFICATION OF RECORDS CUSTODIAN

I am the authorized Custodian of Records for (NAME OF MEDICAL PROVIDER) and I have authority to certify the attached records of (PATIENT'S NAME).

I HEREBY CERTIFY that:

These records were produced in my presence or at my direction. These records were made at, or near the time of the occurrence or the matters set forth by (or from information transmitted by) a person with knowledge of those matters, were made and kept in the regular course of regularly conducted business activity, and were made and kept by the regularly conducted business activity as a regular practice.

I declare and affirm under the penalty of perjury that the aforementioned facts are true and accurate to the best of my knowledge, information and belief.

Signature: _____

Print: _____

Title: _____