

# Copy Certification by Document Custodian

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
(Affiant), who first being duly sworn by me, under penalty of perjury, deposed as follows:

1. My name is \_\_\_\_\_. I am over the age of 18 and fully competent to make this affidavit. The facts stated herein are true and correct and are based on my personal knowledge.
2. I am the custodian of the records for \_\_\_\_\_, kept at address \_\_\_\_\_.
3. My capacity as records custodian is as: \_\_\_\_\_.  
[individual, business owner/officer/manager, secretary, school/university officer, attorney, accountant, bookkeeper, trustee, agent, government officer/agent, other]
4. Attached hereto are \_\_\_\_\_ pages of records, described as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.  
[document title, type, description, date, ID #, signer, issuing agency, form number]
5. The said records attached hereto are exact duplicates of the originals, and are true, correct and complete.
6. Other: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

SUBSCRIBED AND SWORN TO OR AFFIRMED before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by Affiant \_\_\_\_\_.

\_\_\_\_\_  
[Seal]  
Notary Public

\_\_\_\_\_  
My commission expires