

(put on letterhead of hospital, organization, etc.)

CERTIFICATION

I, _____, certify that the attached are copies of records kept in the ordinary course of business of _____, and that it was in the regular course of business to make such records, at the time for the acts, transactions, occurrences and/or events related therein, or within a reasonable time thereafter. I further certify that the attached are the full, complete and correct record of the acts, transactions, occurrences, and/or events related therein.

Name
Position

Sworn to me this ____ day
of _____, 20__

Notary Public