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How to Complete Your Florida Custodian of Records Affidavit

Custodian of Records Affidavit (Florida Statutes 90.803(6) and 90.902(11))

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Hospitals, clinics, and businesses use this sworn affidavit when producing records for an insurance claim or lawsuit, to confirm the copies are true, complete, and kept in the regular course of business.

1. **Fill in the request (Page 1)**
   Identify the records, dates, and number of pages produced, or check that no records were found.
2. **Swear before a notary**
   Sign under oath before the notary with a current, government-issued photo ID.

After It's Signed

- Attach the affidavit to the records it describes.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

CUSTODIAN OF RECORDS AFFIDAVIT

Florida Statutes 90.803(6) and 90.902(11

Name of affiant

Address

Title and name of facility or business (custodian of records)

being first duly sworn (or affirming), states under penalty of perjury under the laws of the State of Florida:

1. I am the custodian of records, or another qualified person, for the facility or business named above, and I am authorized to certify its records.
2. Request: records of the person or matter below, for the dates stated.

Patient / account / matter name

Date of birth or account no.

Dates of records

3. (Check one)

The attached records, consisting of the number of pages stated below, are true and complete copies of all records requested.

Number of pages

After a diligent search, no records were found.

4. The records were made at or near the time of the acts, conditions, or events they record, by, or from information transmitted by, a person with knowledge; were kept in the regular course of business; and it was the regular practice of the business to make such records.

Affiant's initials: _____

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Date

X

Custodian of records

Printed name

JURAT

STATE OF FLORIDA)
COUNTY OF) **ss.**
)

Sworn to (or affirmed) and subscribed before me by means of

physical presence, or

online notarization,

this (date)

by (name of affiant)

Personally known, OR

Produced identification. Type of identification produced:

Type of ID

X

Notary Public

(Notary seal)

Notary's printed name

Commission number

My commission expires

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