

# Affidavit of Custodian of Medical Records to Accompany Copies of Records

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As Required by Evidence Code Section 1561

I, (*custodian of medical records*) \_\_\_\_\_, declare that:

- a. I am the duly-authorized custodian of the medical records of (*name of hospital*) \_\_\_\_\_ and have the authority to certify said records; and
- b. The copy of the medical records attached to this affidavit is a true copy of all the records described in the subpoena duces tecum or search warrant; and
- c. The records were prepared by the personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of hospital business at or near the time of the act, condition, or event; and
- d. The records enclosed are (*identify the records*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. The records were prepared in the following manner (*describe mode of preparation – e.g., photocopy, computer generation, etc.*): \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*affiant*)

Title: \_\_\_\_\_

**NOTE:** If the hospital has none of the records described, or only a part of the records, the custodian must so state in the affidavit. The affidavit and those records that are available should be delivered in the manner described above.