

## Declaration of Missing Record

Date:

I, , hereby declare that the following record is missing:

Type of Record:	<input type="text"/>
Record Number/ID:	<input type="text"/>
Date of Record:	<input type="text"/>
Issued By:	<input type="text"/>

Details/Remarks:

I understand that I am responsible for reporting the loss or misplacement of the above-mentioned record and that this declaration may be used for future reference.

Declared by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_