

Statement of Non-Existence of Record

To Whom It May Concern:

This is to certify that after a diligent search and verification of the records on file in this office, **no record** exists under the name:

Full Name:

Date of Birth:

Place of Birth:

in the records of this office, as of the date indicated below.

This certification is issued upon the request of for whatever legal purpose it may serve.

Date Issued:

Issued by:

Position/Designation:

Signature over Printed Name