

Diocese of Owensboro, Kentucky
Office of Archives and Records Management

Certificate of Records Destruction

Name _____

Office _____ Date _____

Record Series	Date Span	Record Format (paper, electronic, etc.)	Date of Destruction

I certify that the records listed above have been retained for the scheduled retention period, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

Signature

Date