



AFFIDAVIT OF SURVIVING SPOUSE OR NEXT OF KIN

The undersigned, being first duly sworn, deposes and says:

1. I, _____ (Requester’s Name), being duly sworn, am requesting a copy of the medical records of _____ (Patient’s Name) who died on _____ (date).

2. I am the _____ (specify: spouse, parent, child, sibling, other) of the decedent.

3. I represent that I am the decedent’s: (check one)
___ Surviving Spouse
___ Next of Kin and that there is no survivor of higher priority. I acknowledge and understand that “Next of Kin” includes the following surviving individuals in order of priority: surviving spouse, adult child, parent, siblings.

4. To my knowledge, no estate administration has been initiated on behalf of the decedent and no representative has been appointed for the decedent’s estate.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me, this the ____ day of _____, 20__.

Notary Public

Printed Name of Notary Public: _____

(OFFICIAL SEAL)

My commission expires: _____