[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Medical Records Department/Clinic]
[Name of Institution]
[Address]

RE: Request for Medical Records of Deceased Patient

Patient Full Name: [Patient's Full Name]
Date of Birth: [Patient's Date of Birth]
Date of Death: [Patient's Date of Death]
Social Security Number (if known): [Last 4 Digits or Full SSN]

To Whom It May Concern,

I am writing to formally request a complete copy of the medical records for the deceased patient named above. I am making this request in my capacity as the [Legal Relationship to Deceased, e.g., Executor of Estate, Administrator, or Next of Kin].

Specifically, I am requesting the following records: [List specific records, e.g., Discharge Summaries, Lab Results, Imaging, or All Records from Date to Date].

Attached to this letter, please find the following documentation to verify my authority to access these records:
- [e.g., Copy of the Death Certificate]
- [e.g., Letters Testamentary or Letters of Administration]
- [e.g., Photo ID of the Requestor]

Please inform me of any copying fees or administrative costs associated with this request before processing. You can send the records to the address listed above or via secure digital delivery to [Email Address].

Thank you for your assistance with this matter. I look forward to receiving these records within the timeframe required by law.

Sincerely,

[Your Signature]

[Your Printed Name]