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

[Custodian of Records/Medical Records Department]
[Name of Hospital or Clinic]
[Address of Facility]

RE: Request for Medical Records of [Deceased Patient's Full Name]

To the Custodian of Records,

I am writing to formally request a complete copy of the medical records for my late spouse, [Deceased Patient's Full Name], who was born on [Date of Birth] and passed away on [Date of Death].

I am requesting these records in my capacity as the surviving spouse and [state "Personal Representative," "Executor," or "Next of Kin"]. These records are needed for [state reason, e.g., settling the estate, insurance purposes, or personal health history].

Please include the following documents in the release:

- Discharge summaries
- Laboratory and diagnostic test results
- Physician notes and consultation reports
- Operative reports
- Itemized billing statements

Attached to this letter, please find:

- A certified copy of the Death Certificate
- A copy of our Marriage Certificate
- [If applicable: Letters of Testamentary or Court Appointment documents]
- A copy of my government-issued photo ID

Please inform me of any duplication fees associated with this request. You may contact me at [Phone Number] or [Email Address] if you require further documentation or have questions regarding this formal request.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]