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

[Date]

[Medical Records Department / Practice Manager]
[Clinic Name]
[Clinic Address]

RE: Request for Medical Records of Deceased Patient

Patient Name: [Deceased's Full Name]
Date of Birth: [DOB]
Date of Death: [DOD]
Patient SSN/ID (if known): [ID Number]

To Whom It May Concern,

I am writing as the next of kin to formally request a complete copy of the medical records for the above-named patient. I require these records for [state purpose, e.g., settling the estate, insurance claims, or personal health history].

Please provide the following documents:

- Complete medical history and clinical notes
- Diagnostic test results and lab reports
- Medication lists and immunization records
- [Any other specific documents]

I have enclosed the following documentation to verify my identity and legal authority:

- A copy of the Death Certificate
- Proof of my relationship to the deceased (e.g., Birth Certificate, Marriage Certificate)
- [If applicable] Letters of Testamentary or Court Appointment as Executor/Administrator

If there is a fee for copying or mailing these records, please notify me in advance. Please let me know if you require any additional forms or information to process this request.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]