Date: [Insert Date]

To:
Custodian of Medical Records
[Name of Hospital or Clinic]
[Address]
[City, State, Zip Code]

Subject: Letter of Authorization for Access to Medical History of Deceased Patient

To Whom It May Concern,

I, [Your Full Name], am writing to formally request access to the complete medical records and history of my deceased [Relationship to Deceased, e.g., Father/Mother/Spouse], [Full Name of Deceased].

Deceased Patient Information:
Name: [Full Name of Deceased]
Date of Birth: [DOB]
Date of Death: [DOD]
Social Security Number (if known): [SSN]
Patient ID Number (if known): [ID Number]

I am requesting these records for the purpose of [Reason for request, e.g., Settling the estate, Insurance claims, Family medical history].

I have attached the following supporting documents to verify my identity and legal authority:

- Certified copy of the Death Certificate
- Proof of relationship (e.g., Birth Certificate, Marriage License)
- Letters of Testamentary / Legal Appointment as Executor (if applicable)
- Copy of my government-issued photo ID

Please provide the records in [Electronic/Paper] format and send them to the following address:

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

If there are any fees associated with this request, please notify me in advance. Thank you for your assistance in this matter.

Sincerely,

[Signature]
[Your Printed Name]