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

[Date]

[Medical Provider/Facility Name]
[Medical Provider Address]
[City, State, Zip Code]

RE: Request for Medical Records of [Deceased Parent's Full Name]
Date of Birth: [Parent's DOB]
Date of Death: [Parent's Date of Death]
Social Security Number (if known): [Parent's SSN]

To Whom It May Concern,

I am writing to formally request a complete copy of the medical records for my late parent, [Parent's Name]. I am requesting these records in my capacity as the surviving child and [Legal Representative/Executor/Next of Kin].

Please provide the following records: [e.g., All records, Discharge summaries, Laboratory results, Imaging reports] covering the period from [Start Date] to [End Date].

Attached to this letter, please find the following documentation to verify my authority to access these records:

- A copy of the Death Certificate.
- Proof of my identity (Copy of Driver's License or Passport).
- [If applicable: Letters of Testamentary or Affidavit of Heirship].

Please inform me if there are any specific forms required by your facility or if there are any duplication fees associated with this request. You may send the records to the address listed above or via secure email at [Your Email].

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]