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

[Date]

[Clinic or Hospital Name]
[Medical Records Department Address]
[City, State, Zip Code]

RE: Request for Medical Records of Deceased Patient

Patient Name: [Deceased Patient Full Name]
Date of Birth: [DOB]
Date of Death: [DOD]
Patient SSN (Optional): [SSN]

To the Medical Records Department,

I am writing to formally request a complete copy of the medical records for the above-named patient. I am making this request in my capacity as the legally appointed Executor/Personal Representative of the decedent's estate.

Please provide the following records: [e.g., All records from January 1, 2023, to present / Specific treatment records / Discharge summaries].

Enclosed with this letter, please find the following supporting documentation:

- A certified copy of the Letters Testamentary or Letters of Administration appointing me as Executor.
- A copy of the Death Certificate.
- A copy of my government-issued photo identification.

If there are any fees associated with the duplication of these records, please notify me in advance. You may send the records to the address listed above or via secure electronic delivery to [Email Address].

Thank you for your assistance with this matter. Please contact me at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]
Executor of the Estate of [Deceased Patient Name]