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

[Date]

[Name of Healthcare Provider/Hospital]
[Medical Records Department Address]
[City, State, Zip Code]

RE: Request for Medical Records of Deceased Patient
Patient Name: [Patient's Full Name]
Date of Birth: [Patient's DOB]
Date of Death: [Date of Death]
Patient SSN: [Patient's Social Security Number]

To the Medical Records Department,

I am writing to formally request a complete copy of the medical records for the above-named deceased patient. These records are required to process a life insurance claim with [Name of Insurance Company].

Please provide the following documentation:

- Complete medical history and clinical notes.
- Laboratory and diagnostic test results.
- Discharge summaries and consultation reports.
- Records of any treatments or surgeries performed.

I have attached the following documents to verify my authority to access these records:

- A certified copy of the Death Certificate.
- A copy of my appointment as [Executor/Administrator/Next of Kin].
- A signed HIPAA-compliant authorization form.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]