Date: [Insert Date]

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

RE: Request for Medical Records of Deceased Patient
Patient Name: [Full Name of Deceased]
Date of Birth: [DOB]
Date of Death: [DOD]
Social Security Number: [SSN - Optional/If Required]

To Whom It May Concern,

I am writing to formally request a complete copy of the medical records for the above-named deceased patient for the period of [Insert Date Range] to [Insert Date Range].

I am making this request in my capacity as the [Legal Relationship, e.g., Executor, Administrator, or Next of Kin]. To support this request, I have attached the following documentation:

- A certified copy of the Death Certificate.
- A notarized Affidavit of Heirship or Small Estate Affidavit.
- [Optional] Letters Testamentary or Letters of Administration.
- A copy of my government-issued photo identification.

Please provide all records, including but not limited to: Admission and Discharge Summaries, Progress Notes, Lab Results, Imaging Reports, and Billing Statements.

If there are fees associated with the duplication of these records, please notify me in advance or send an invoice to the address listed below. I request that the records be provided in [Digital/Electronic or Paper] format.

Thank you for your prompt attention to this matter. Please contact me at [Your Phone Number] or [Your Email] if you require additional information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Mailing Address]
[Your City, State, Zip Code]