[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

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

RE: Request for Medical Records of [Deceased Patient's Full Name]

To the Records Manager,

I am writing to formally request a complete copy of the medical transcripts and records for the following patient:

- **Patient Name:** [Full Name of Deceased]
- **Date of Birth:** [DOB]
- **Date of Death:** [DOD]
- **Patient ID/Social Security Number:** [ID Number if known]

I am making this request in my capacity as the legal heir and/or authorized representative of the deceased's estate. The purpose of this request is for [state reason, e.g., estate settlement, insurance claims, or family medical history].

Please include the following documents from the period of [Start Date] to [End Date]:

- Discharge summaries
- Diagnostic test results and lab reports
- Physician notes and consultation reports
- Operative reports
- Medication records

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

- Certified copy of the Death Certificate
- Proof of Heirship (e.g., Letter of Testamentary, Small Estate Affidavit, or Will)
- Copy of my government-issued photo ID

Please inform me of any copying fees or administrative charges associated with this request. You may contact me via phone or email to arrange for the delivery of these records.

Thank you for your assistance in this matter.

Sincerely,

[Signature]
[Your Printed Name]