

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

[Date]

[Name of Records Department/Hospital]  
[Facility Address]  
[City, State, Zip Code]

**RE: Request for Medical Records of Deceased Patient**

Patient Full Name: [Full Name of Deceased]  
Date of Birth: [DOB]  
Date of Death: [DOD]  
Social Security Number (optional): [SSN]

To Whom It May Concern,

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 [Legal Relationship, e.g., Executor of Estate, Administrator, or Next of Kin].

Please provide the following records: [Specify records, e.g., all records from Date to Date, discharge summaries, autopsy reports, or complete file].

I have attached the following documentation to verify my authority to receive these records:  
- Copy of the Death Certificate  
- [Name of Legal Document, e.g., Letters Testamentary or Small Estate Affidavit]

Please inform me if there are any duplication fees associated with this request. You may send the records to the address listed above or contact me if they can be provided electronically.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]