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

**[Date]**

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

**RE: Formal Request for Medical Records for [Deceased Patient's Full Name]**
**Date of Birth: [DOB]**
**Date of Death: [DOD]**
**Social Security Number: [Last 4 Digits]**

To the Custodian of Medical Records,

I am writing as the **[Executor/Administrator/Legal Representative]** of the estate of **[Deceased Patient's Name]**. I am formally requesting a complete and unredacted copy of all medical records pertaining to the deceased for the purpose of a legal investigation regarding a potential wrongful death claim.

Please provide the following documentation:

- All admission and discharge summaries
- Complete physician progress notes and nursing notes
- All diagnostic imaging (X-rays, MRIs, CT scans) and laboratory results
- Medication administration records (MAR)
- Operative and anesthesia reports
- Emergency room records
- Billing and insurance claim statements

I have attached the following supporting documents to verify my legal authority to receive these records:

- A certified copy of the Death Certificate
- Letters of Administration or Letters Testamentary (Court Appointment)
- My government-issued photo identification

Please deliver these records in **[Electronic Format (PDF/CD) / Paper Format]** to the following address: **[Mailing Address]**.

If there is a fee associated with this request, please notify me in advance. I request that these records be provided within [Number] business days as required by law. If you deny any portion

of this request, please provide a written explanation for the denial and the contact information for your HIPAA Privacy Officer.

Thank you for your prompt attention to this matter.

Sincerely,

_____

**[Your Signature]**

**[Your Printed Name]**