

Affidavit of Heir Requesting Medical Record

If you are the court appointed personal representative for the deceased patient or an appropriate heir at law you may request copies of the deceased patient's medical records. Please provide all the information requested on this form

Deceased Information:

Last First Middle Date of Birth

Street City State Zip code

Requester Name Last First Middle

Requester Address: Street City State Zip code

AFFIDAVIT

I, _____, am requesting copies of the medical records described above as a
Requester name

- Heir at Law of the Deceased Patient** (Select the relationship below that best describes your claim as an Heir at Law, provide a copy of the Certificate of Coverage, a copy of the Death Certificate and present your driver's license or state ID)
- Beneficiary of the Deceased Patient's Life Insurance** (Please provide copies of the Certificate of Coverage, a copy of the Death Certificate and present your driver's license or state ID)
- Personal Representative/Successor Personal Representative as designated by Probate Court or written will.** (Please provide a copy of the legal document, a copy of the Death Certificate and present your driver's license or state ID)

Heir at Law of Deceased Patient

An individual related to the deceased patient only through a step-relationship does not qualify as an heir at law.

I attest that I am an heir at law of the deceased patient because (check one):

- I am the surviving spouse of the deceased patient
- I am a surviving descendant of the deceased patient (e.g. son, daughter) _____
- I am a surviving parent of the deceased patient (e.g. mother, father) _____

I attest that all of the above statements are true to the best of my knowledge.

Signature of requestor Date Witness Signature Date

Subscribed and sworn to before me _____, _____ County, Michigan.

My Commission expires: _____, Signature _____
Date Notary Public

***A valid Authorization must also be completed to include facility name and description of records requested.**