



HEALTH CARE PROXY / SURROGATE CERTIFICATION

I am requesting access to the medical records of the patient named below ("Patient"). I am entitled to such information because:

- I am appointed (**the Health Care Proxy**) distribute of the Patient and neither an administrator nor an executor of the Patient's estate has been appointed as of this date.
- remove this** I am an attorney representing a distribute of the Patient and have been appointed by that distribute as his or her agent by a power of attorney (**power of attorney attached**).

I, _____, being first duly sworn deposes and says:

1. I am over 18 years of age.
2. I reside at _____
3. I am requesting the medical records of Patient _____, DOB _____
4. **I have attached a certified copy of the Patient's death certificate.**
5. No executor or administrator has been appointed by a Court for the Patient's estate. **(poa or legal documentation**
6. I am the Patient's distributee (heir) for the following reason: **HCP**
 - a. _____ HUSBAND OR WIFE: I was married to the Patient when the Patient died. (No divorce, annulment, or decree of separation applies.)
 - b. _____ CHILD: I am the patient's natural or legally adopted child.
 - c. _____ GRANDCHILD: I am the Patient's natural or legally adopted grandchild. My parent, who was the Patient's natural or legally adopted child, is no longer living.
 - d. _____ PARENT: I am the Patient's natural or legally adopted Parent. The Patient has no living husband or wife, children, grandchildren, or great-grandchildren.
 - e. _____ BROTHER OR SISTER: I am the Patient's natural or adoptive brother or sister. The Patient has no living parents, husband or wife, children, grandchildren, or great-grandchildren.
 - f. _____ OTHER. I am the Patient's _____.

****The statements I have made are true and correct to the best of my knowledge. I understand that making a false statement in this document is a felony punishable by imprisonment, fine or both.***

_____ Signature of Distributee **HCP**
 _____ Print Name
 _____ Date

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public