



## AFFIDAVIT OF DISTRIBUTEE

I am requesting access to the medical records of the deceased patient named below. I am entitled to such information for the following reason:

- I am a distributee of the patient and neither an administrator nor an executor of the patient's estate has been appointed as of this date.
- I am an attorney representing a distributee of the patient and have been appointed by that distributee as his or her agent by a Power of Attorney (**copy of Power of Attorney must be attached to this form**).

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I, (Print Name) \_\_\_\_\_, being duly sworn, do hereby state as follows:

1. I am over 18 years of age.
2. I reside at \_\_\_\_\_
3. I have attached a certified copy of the patient's death certificate.
4. No executor or administrator has been appointed by a Court for the patient's estate.
5. I am the Patient's distributee (heir) by the following reason:
  - a. \_\_\_\_\_ **SPOUSE/DOMESTIC PARTNER:** 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. \_\_\_\_\_ **SIBLING:** 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 Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW YORK RESIDENTS ONLY:** This form must be signed in the presence of a Notary Public. Notary seal is optional.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_