

**CoxHealth**  
Springfield MO 65807

**AFFIDAVIT IN SUPPORT OF MEDICAL RECORDS REQUEST  
(Deceased Patients)**

With regard to my request for medical records of \_\_\_\_\_  
(patient), date of birth \_\_\_\_\_, Social Security Number \_\_\_\_\_  
(hereinafter "Decedent"), I hereby swear or affirm that I am the:

- \_\_\_\_ Executor, administrator or personal representative of Decedent's estate.  
(Please attach a copy of any court order, appointment paperwork or will);
- \_\_\_\_ Power of attorney for health care of Decedent (Please attach a copy of the Power of Attorney); or
- \_\_\_\_ Surviving spouse of Decedent (Please attach copy of a death certificate and/or marriage license).

If there are none of the above representatives, then I understand I can request records based on my affirmance that I am the:

- \_\_\_\_ Acting trustee of a trust created by Decedent (Please attach trust documentation);
- \_\_\_\_ Adult child of Decedent (Please attach birth certificate);
- \_\_\_\_ Parent of Decedent (natural or adopted) (Please attach birth certificate);
- \_\_\_\_ Adult sibling of Decedent (natural or adopted);
- \_\_\_\_ Guardian or conservator of Decedent at the time of decedent's death (Please attach guardianship or conservatorship paperwork); or
- \_\_\_\_ Guardian ad litem of Decedent's minor child (Please attach supporting documentation).

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Printed Name of Requester

\_\_\_\_\_  
Date

County of \_\_\_\_\_)

State of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public