

DISTRIBUTE CERTIFICATION FORM  
PUBLIC HEALTH LAW SECTION 18

This form is to be completed by relatives of a deceased patient who are seeking copies of the medical records of the deceased patient. Use this form if no executor or administrator has been appointed by a Court for the deceased patient's estate.

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 \_\_\_\_\_, a patient of Strong Memorial Hospital who has died ("Patient").
4. I have attached a copy of 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.
6. I am the Patient's distributee (heir) for the following reason:
  - a. \_\_\_\_\_ HUSBAND OR WIFE: I was married to the Patient when the Patient died.
  - 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 Requester

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

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_