



104507

- Backus Hospital  Charlotte Hungerford Hospital  Manchester Memorial Hospital  Hartford Hospital  Windham Hospital
- MidState Medical Center  St. Vincent's Medical Center  The Hospital of Central CT  Hartford Healthcare Medical Group

**AFFIDAVIT OF NEXT OF KIN TO OBTAIN MEDICAL RECORDS**

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

**I, \_\_\_\_\_ [print name], being duly sworn, hereby depose and state as follows:**

<p><b>1. AFFIANT INFORMATION:</b> I am over the age of eighteen, competent to make this affidavit, and reside at _____ [print address].</p>
<p><b>2. PATIENT/DECEDENT INFORMATION:</b>          Patient name: _____          Date of birth: _____          Date of death: _____          Last known address: _____</p>
<p><b>3. RELATIONSHIP TO DECEDENT [check one].</b> I am the Decedent's:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surviving Spouse</li> <li><input type="checkbox"/> Adult Child</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Grandparent</li> </ul> <p>To the best of my knowledge, <b>I am the lawful next of kin of the Decedent</b> under Connecticut law and there is no person with a higher priority relationship.</p>
<p><b>4. NO ESTATE ADMINISTRATION:</b> As of the date of this affidavit, no probate estate has been opened for the Decedent and no executor or administrator has been appointed.</p>
<p><b>5. PURPOSE OF AFFIDAVIT.</b> I submit this affidavit to establish my authority to act on behalf of the Decedent for purposes reasonably related to insurance, billing, legal review, or other lawful matters. I acknowledge that healthcare providers may rely on this affidavit in good faith. I affirm that I am not requesting these records for any improper purpose or use.</p>
<p><b>6. SIGNATURE:</b> The foregoing is true and correct to the best of my knowledge and belief.</p> <p>Next of Kin Signature: _____</p> <p>Printed Name: _____</p> <p>Date: _____</p> <p>Time: _____</p>

**State of Connecticut**  
**County of \_\_\_\_\_**

Subscribed and sworn to before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who appeared personally before me and proved to me through satisfactory evidence of identification to be the person whose name is signed above.

In witness whereof I hereunto set my hand. \_\_\_\_\_  
(Signature of Notary Public)  
Date Commission Expires: \_\_\_\_\_