

***AFFIDAVIT OF SURVIVING SPOUSE OR NEXT OF KIN
SEEKING ACCESS TO MEDICAL RECORDS***

Decedent's name: _____ DOB: _____

I, _____, being duly sworn, do hereby state as follows:

As "Surviving Spouse" or "Next of Kin" of the above-named decedent, I am requesting a copy of the decedent's legal medical record.

I acknowledge that Next of Kin includes the following surviving individuals:

1. Adult child by blood or adoption only in the absence of a surviving spouse.
2. Parent only in the absence of a surviving spouse or adult child.

I represent that, as the (check one):

- Surviving spouse
- Adult child by blood or adoption
- Parent

of the decedent, that I am the Surviving Spouse or Next of Kin and that there is no survivor of higher priority.

I hereby represent and affirm that no estate administration has been initiated on behalf of the decedent and that I have not applied for nor have been denied access to the requested records by any court.

I declare subject to the criminal penalty of false swearing established in RSA 641:2 that the foregoing statements are true and correct.

Signature of Surviving Spouse or Next of Kin

Date and Time

STATE OF NEW HAMPSHIRE

COUNTY OF _____

Signed and sworn to (or affirmed) before me on the _____ day of _____, 20____

By _____ (name of Surviving Spouse of Next of Kin)

Signature of notarial officer

Notary Public State of New Hampshire

(seal)

My commission expires: _____

