



**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 Wyckoff Heights Medical Center 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:
  - HUSBAND OR WIFE: I was married to the Patient when the Patient died.
  - CHILD: I am the Patient’s natural or legally-adopted child.
  - 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.
  - PARENT: I am the Patient’s natural or legally adopted Parent. The Patient has no living husband or wife, children, grandchildren or great-grandchildren.
  - 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.
  - OTHER. I am the Patient’s \_\_\_\_\_
7. I further depose and say that a “personal representative,” as defined by §1-2.13 of the New York Estates, Power and Trusts Law (i.e., a person who has received letters to administer the estate of the decedent from the Surrogate’s Court of the State of New York), has not been appointed for the decedent named above.

**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 \_\_\_\_\_