

Affidavit Pursuant to RSMo 191.227.7

1. I am _____. I am making this request for the medical records of _____, who was born on _____ and who died on _____.

2. I am [check one]

_____ The surviving spouse of the deceased patient, married at the time of death.

_____ An adult child of the deceased, and there is no surviving spouse ;

_____ A parent of the deceased, and there is no surviving spouse;

_____ An adult brother or sister of the deceased, and there is no surviving spouse ;

_____ A guardian or conservator of the deceased at the time of death, and there is no surviving spouse; or

_____ A guardian ad litem of the deceased's minor child and there is no surviving spouse.

3. No estate was opened for the deceased.

4. The deceased, to my knowledge, never objected, in writing or otherwise, to the disclosure of their medical record.

I swear or affirm, under penalty of perjury, that these statements are true.

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public