



**Tallahassee Memorial  
HealthCare**

## **AFFIDAVIT OF NEXT OF KIN**

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of \_\_\_\_\_, who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.
2. That the decedent did not leave a surviving spouse
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such an appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the undersigned's request for the release of medical records.

Further, your affiant sayeth naught.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_