



**Affidavit of Surviving Spouse or Next of Kin Seeking Access to Medical Records  
(Pursuant to NH RSA 332-I:13)**

I, \_\_\_\_\_, being duly sworn, do hereby state as follows:  
Your Name (Printed)

As "Surviving Spouse" or "Next of Kin" to \_\_\_\_\_, I am  
Name of Decedent

requesting a copy of the decedent's legal medical record.

I acknowledge and understand 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 child.

I represent that, as the  **surviving spouse**,  **adult child by blood or adoption**,  **parent of the decedent** (*check one*), 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 and been denied access to the requested records by any court.

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

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\*\*\*\*\*

STATE OF NEW HAMPSHIRE  
COUNTY OF: \_\_\_\_\_

Signed and sworn to (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Name of Next of Kin

\_\_\_\_\_  
Signature of Notarial Officer

My Commission Expires: \_\_\_\_\_

(notarial seal)