



AUTHORIZED RELATIVE CERTIFICATION

Name of Deceased:	
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I certify that I am the surviving spouse of the deceased or, alternatively, that there is no surviving spouse and that I am:

- ☐ An adult child of the deceased.
- ☐ A parent of the deceased.
- ☐ An adult sibling of the deceased.

I further certify, to the best of my knowledge and belief, that no Executor or Administrator has been appointed for the deceased's estate, that no Agent was authorized to act for the deceased under a Power of Attorney for Healthcare, and the deceased did not specifically object to disclosure in writing.

I certify that I am seeking the records as a Personal Representative who is acting in a representative capacity and who is authorized to seek these records under Section 8-2001.5 of the Code of Civil Procedure.

This certification is made under penalty of perjury.

Signature of Authorized Relative

Date

Name of Authorized Relative (printed)

Authorized Relative Address:

Street			
City			
State		Zip Code	

**THIS CERTIFICATION MUST BE ACCOMPANIED BY A
CERTIFIED COPY OF THE DEATH CERTIFICATE OF THE DECEASED**