H-61.1 Attachment A
Effective: 7/12
Reviewed: 7/18

STATE OF TEXAS §
§
COUNTY OF §
§

AFFIDAVIT OF PERSONAL REPRESENTATIVE

My name is _____. I am the _____
(Print) (Family relationship) (Print)

of _____ who is deceased.
(Name) (Print)

I am the personal representative of _____
(Print)

and I am requesting that copies of his/her medical records be

provided to _____ for the following
(Print)

purpose:

_____
(Signature)

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on this the _____ day of _____, 20 _____.

_____
Notary Public in and for

_____, County, Texas

My Commission Expires:_____