

Attestation of Next of Kin

Date:

Name: _____

Address: _____

Telephone: _____

Re: Attestation of Next of Kin

Patient Name: _____

Medical Record No.: _____

DOB: _____

1. I attest that there has been no personal representation appointed to
_____ Estate.

2. I attest that I am the closest next of kin of _____.

Signature

Date