

The University of Chicago Medicine Health System

AUTHORIZED RELATIVE CERTIFICATION

I, _____, certify that I am an authorized relative of the deceased
(Insert name of requestor)

_____. (A certified copy of the death certificate *must be attached.*)

(Insert name of deceased)

I certify that 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 health care, and the deceased has not specifically objected to disclosure in writing.

Check one:

I certify that I am the surviving spouse of the deceased;

Or

I certify that there is no surviving spouse and my relationship to the deceased is (check one):

- An adult son or daughter of the deceased.
- Either parent of the deceased.
- An adult brother or sister of the deceased.

This certification is made under penalty of perjury.*

Date: _____
(Insert date)

(Print Authorized Relative's Name)

(Authorized Relative's Signature)

(Authorized Relative's Address)

*(Note: Perjury is defined in Section 32-2 of the Criminal Code of 2012, and is a Class B felony.)