

## 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