

STATE OF \_\_\_\_\_

PARISH OF \_\_\_\_\_

---

---

**AFFIDAVIT OF IDENTITY**

---

---

**BEFORE ME**, the undersigned Notary Public came and appeared \_\_\_\_\_, a person of full age of majority and whose address is \_\_\_\_\_ (hereinafter "Affiant") who after being duly sworn did depose and say:

1. The name of the person whose records I am requesting is \_\_\_\_\_ (hereinafter the "Patient").
2. I am the \_\_\_\_\_ (*indicate relationship*) of the Patient.
3. The date of birth of the Patient is \_\_\_\_\_.
4. The Patient remains alive; however, the Patient is incapacitated and unable to make decisions for himself.
5. The address of the Patient \_\_\_\_\_.
6. I am authorized to obtain and receive the records requested as the Patient's legally authorized representative.
7. There are no court orders, judgments, declarations, or other proclamations of a court that preclude me from obtaining the records requested.
8. To the best of my knowledge, information, and belief there is no one else that has authority superior to mine to act as the legally authorized representative of the Patient.
9. I understand that the making of or swearing to a false affidavit is punishable by civil and criminal penalties under federal and state laws.

**THUS DONE AND SIGNED** on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ after a due reading of the whole.

\_\_\_\_\_  
AFFIANT

**SWORN TO AND SUBSCRIBED** before me, Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary ID / Bar Roll: \_\_\_\_\_