Surrogate's Court, Erie County

REQUEST TO ACCESS CONFIDENTIAL RECORDS

Date:				
Name of Estate:		File No.:		
Phone No.:				
Pursuant to 20 NYCCR 207.64, viewed only by a party to the proceed Administrator or counsel thereto	eeding, or the attorn	ey or counsel to a part	ty to the proceed	ding, the Public
 All papers and documents in p Death certificates; Tax returns; Firearms Inventory; Documents containing informs 	ation protected from	disclosure under othe	r provisions of l	Federal or State
law such as HIPAA for medical i mental hygiene facility under MI 42 CFR 2.64. These examples a	HL 33.13, and record	ds involving alcohol of	or other substan	ice abuse under
Which of the above items are yo What is your interest in the estate	u requesting to view e: [] Distributee	:	[] Creditor	[] Other
Reason for request:				
Please provide the clerk a picture	e ID. A photocopy of	of your ID will be ma	de.	
Approved:	Denied:			
Name:				

Note: if denied, a formal application on notice may be made for clarification or reconsideration.