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| <p><b>Mater Misericordiae University Hospital</b><br/> <b>Request for Access To Records of Deceased Persons</b><br/> <b>Under Freedom of Information Act, 1997/2003</b></p> |
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**1. Please fill in the following details (Please Use BLOCK CAPITALS)**

|   |                            |                      |
|---|----------------------------|----------------------|
| <b>Family Name</b>  | <b>Previous Name</b>       | <b>First Name(s)</b> |
| <b>Address</b>  |                            |                      |
| <b>Telephone:</b>   | <b>Fax:</b>                | <b>E-mail:</b>       |
| <b>Your relationship to the deceased person (please tick)</b> |                            |                      |
| (a) Parent  | (b) Child                  |                      |
| (c) Spouse/Former Spouse                                      | (d) Partner/Former Partner |                      |
| (e) Other please state  |                            |                      |

**2. Personal Information of the deceased person**

|   |                       |
|---|-----------------------|
| <b>Family Name</b>  | <b>Christian Name</b> |
| <b>Address</b>  |                       |
| <b>Date of Birth</b>                                      | <b>Date of Death</b>  |
| <b>Place of Death if other than at the Mater Hospital</b> |                       |

**3. Tell us how you would like to receive the records (please tick)**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| (a) To receive photocopies        | (b) To inspect the original records |
| (c) Other format (Please specify) |                                     |

**4. Please give us proof of your identity (please tick the document being supplied by you)**

|   |                          |
|---|--------------------------|
| (a) Copy Passport                             | (b) Copy Drivers Licence |
| (c) Other form of photographic identification |                          |

**5. Please give proof of your relationship to the deceased person (Please tick the document being supplied by you)**

- (a) Parent/Child (Long Birth Certificate)
- (b) Spouse/Former Spouse (Marriage Certificate)
- (c) Partner/Former Partner (Affidavit by solicitor or peace commissioner)
- (d) Next of Kin (Affidavit by solicitor or peace commissioner)

(Original documents if supplied will be photocopied and returned)

**6. Please tell us why you require the records.**

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**7. Please tell us the exact records you require**

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Date: \_\_\_\_\_

**IF YOU REQUIRE ANY HELP IN COMPLETING THIS FORM PLEASE TELEPHONE FINOLA FAHY 01 803 2982 OR GERTIE HIGGINS 01 803 2983**