



Mater Misericordiae University Hospital

FOI OFFICE

Request for Access to Records of Deceased Persons Under The Freedom of Information Act 2014

1. Please fill in the following details (using BLOCK CAPITALS)

| | |
|---|---|
| Your First Name | |
| Your Family Name | |
| Your Address | |
| Your Telephone | |
| Your Email | |
| Your relationship to the deceased person (please tick one option) | <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse / Former Spouse <input type="checkbox"/> Partner / Former Partner <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Other (please specify) |

2. Please fill in the details of the deceased person (using BLOCK CAPITALS)

| | |
|---|--|
| Family Name | |
| First Name | |
| Address | |
| Date of Birth | |
| Date of Death | |
| Place of Death (if somewhere other than the Mater Hospital) | |

3. How would you like to receive the records?

| | |
|------------------------|---|
| Please tick one option | <input type="checkbox"/> To receive photocopies <input type="checkbox"/> To inspect the original records |
|------------------------|---|

4. Please provide proof of your identity by including a photocopy of one of the following and tick the option that you are including:

| | |
|------------------------|---|
| Please tick one option | <input type="checkbox"/> Copy of your passport <input type="checkbox"/> Copy of your driving licence <input type="checkbox"/> Other form of photographic identification |
|------------------------|---|

5. Please provide proof of your relationship to the deceased person by including a photocopy of one of the following documents and tick the option that you are including:

| | |
|------------------------|---|
| Please tick one option | <input type="checkbox"/> Parent / Child (Long Birth Certificate) <input type="checkbox"/> Spouse / Former Spouse (Marriage Certificate) <input type="checkbox"/> Partner / Former Partner (Affidavit by solicitor) <input type="checkbox"/> Next of Kin (Affidavit by solicitor) |
|------------------------|---|

6. Please enclose a copy of the Death Certificate of the deceased person *

7. Please tell us why you require the records:

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8. Please tell us the exact records that you require and the years (e.g. 2012 to 2014)

| | |
|--------|--|
| Record | |
| Years | |

Signed _____

Date _____

If you need any assistance to complete this form, please telephone Pearl Lonergan, FOI Officer / DM, on **(+353 1) 803 2983**

Please post the completed application form along with the necessary documentation to:

**The FOI Office
Mater Hospital
Eccles Street
Dublin 7**