ACCESS TO HEALTH RECORDS ACT 1990

Application form for access to Health Records where the Patient is deceased

Details of the Deceased						
Title	Mr 🗆	Mrs 🗆	Miss □	Ms □	Other: 🗆	
Surname						
First name(s)						
Address						
Date of birth			NHS Nu	mber		
Details of the Requestor						
Title	Mr 🗆	Mrs □	Miss 🗆	Ms □	Other: 🗆	
Surname						
First name(s)						
Current address						
Relationship to patient						
Telephone number:						
Home						
Work						
Mobile						
Email address (may be used to contact						
you about your						
request)						
Details of identification						
provided to confirm						
name of data						
subject:						
Two forms of						
Two forms of identification are						
required:						
Passport						
Driving licence						
Birth certificateUtility bill (from last						
• Utility bill (from last 3 months)						
Current vehicle						
registration						
document						
 Bank statement (from last 3 						
months)						
Rent book (from						
last 3 months).						

Please state which
records you require,
including dates
wherever possible:

I confirm that in order to be entitled to access a deceased patient's records I certify that I fall into one of the two categories below:

I am the deceased's personal representative. Personal representative means the executor of the patient's estate (if the patient left a Will) or administrator of the estate (if there is no Will).

OR

I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please state)

Signed _____

Please indicate which category applies and provide documentary evidence in support.

Declaration I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above, under the terms of the Access to Health Records Act 1990

WARNING YOU ARE ADVISED THAT THE MAKING OF UNTRUE STATEMENTS IN ORDER TO SECURE ACCESS TO PERSONAL INFORMATION TO WHICH YOU ARE NOT ENTITLED IS A CRIMINAL OFFENCE