REQUEST FOR ACCESS TO MEDICAL RECORDS OF A *DECEASED PERSON* HELD BY MERCY UNIVERSITY HOSPITAL, CORK under the Freedom of Information At 2014	Mercy Compassion Excellence Justice Respect Team Spirit

PERSONAL DETAILS OF APPLICANT			
Surname		**Forename(s)**	
Maiden Name (if applicable)		**Date of Birth**	
Phone Number		**Email Address (if applicable)**	
Current Address (including Eircode)			
Previous address(es) (including Eircodes)			

PROOF OF IDENTIFICATION (which includes your name, date of birth, photograph, handwritten signature)		
Copy of a legal document stating that you are the Executor/Personal Representative		***Please tick which one you have provided***
Copy of Signed Passport		
Copy of Driving Licence		
Other (e.g. Identity Card)		
Please note that we do not accept a Public Services Card as proof of legal identify as it does not include your date of birth		
NOTE: MUH will only keep a copy of identification documents until your SAR/FOI request has been fully processed and they will be securely destroyed afterwards.		

YOUR RELATIONSHIP TO THE DECEASED PERSON		
Please tick as appropriate and provide the relevant documentation		
	Executor of the Estate/Personal Representative	A copy of a legal document stating that you are the Executor/Personal Representative
	Parent	A copy of son/daughter's Birth Certificate
	Child	A copy of Birth Certificate
	Spouse/Former Spouse	A copy of Marriage Certificate
	Partner/Former Partner	A copy of Affidavit by a solicitor
	Next of Kin	A copy of proof that you are Next of Kin
	Other	Please state:

LEGAL PROCEEDINGS		
	Please Tick	
Has an Executor of the Estate/Personal Representative been assigned?		
Are you the Executor of the Estate/Personal Representative?		
If you are not the Executor of the Estate/Personal Representative, please provide us with the following:		
• Copy of a legal document stating who is the Executor/Personal Representative. • Copy of the Executor's of the Estate/Personal Representative's Authority for you to receive the records. • Copy of the Executor's of the Estate/Personal Representative's legal identity containing name, date of birth and handwritten signature.		

Cont/d ...

PERSONAL DETAILS OF THE DECEASED PERSON			
Surname		**Forename(s)**	
Maiden Name (if applicable)		**Date of Birth**	
Address of the Deceased (including Eircode)			
Place of Death		**Date of Death**	

DETAILS OF THE REQUEST
In accordance with Section 12 of the Freedom of Information Act, I request access to records which are: **Please fully outline the records you are requesting to include the timeframe.** **Please enclose a copy of the Death Certificate/Certificate of Fact of Death of the deceased.**

CD of radiology imaging required (note radiology imaging is available on CD only) *Please note under the **Freedom of Information Act 2014** a charge applies where a CD Rom containing x-ray imaging is required. The charge is €10 per CD Rom. If you wish to request such a disc(s), please indicate across and the FOI Officer will contact you to arrange payment.*	**Yes**	**No**

You can receive a copy of your medical records in 3 ways. Please tick *ONLY ONE* option below as appropriate		
1	By Post	
2	By Email. Please note – If you wish to receive your records via email, you must be set up with the Cisco Systems secure email service (see www.cisco.com for more details)	
3	In Person	

Signature of Requestor (Physical signature only) Electronic signatures will not be accepted	Date