

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS  
 IN RESPECT OF A DECEASED PATIENT**

**PLEASE COMPLETE IN BLOCK CAPITALS WITH A BLACK PEN**

All access to health records requests are dealt with in compliance with the Data Protection Act (2018).

**PLEASE GIVE US THE FOLLOWING INFORMATION ABOUT THE PATIENT:**

Surname:		Mr/Mrs/Ms	Date of Birth:	
Forenames:			Hospital Ref: (if known)	K
Last Address			Post Code:	
			Date of Death	

If the Patient's name or address was different from the above during the period(s) to which your application relates, please give details below:

Previous Surname:	(1)	(2)
Address:		
Applicable dates:		

**PATIENT'S HOSPITAL or CLINIC CONTACTS**

Please give full details of all the information you wish to have access to:-

Data requested	Hospital/Ward/Clinic	Relevant Dates	Consultant (if known)
Copies of Medical Records			

Please return completed form to: Access to Health Records, Legal Services, The Queen Elizabeth Hospital, Gayton Road, King's Lynn PE30 4ET

**DECLARATION**

I declare that the information given in this form is correct to the best of my knowledge, and that I am entitled to this information as I am the patient's

Next of kin or\* executor/administrator of the estate **\*Please delete**

Applicant's Name: (print in CAPITALS) .....

Address to which reply should be sent: (if different from overleaf) .....

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Signature: ..... Date: .....

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**COUNTERSIGNATURE** (to be completed by the person required to confirm identity)

I (insert full name): ..... certify that the applicant (insert full name) .....has been known to me as an employee/client/patient/personal friend for ..... years and that I have witnessed the signing of the above declaration.

Signature: ..... Date: .....

Name: ..... Profession:.....

Address: .....

Daytime telephone number:

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