

Request for Access to Health Records Deceased Client

Family name:	Given name(s):
Date of birth:	
Your address:	
Best contact phone number:	

Person Making Request

Family name:	Given name(s):
Date of birth:	
Your address:	
Best contact phone number:	
Relationship to the deceased:	
Are you the Executor or Administrator of the estate of the deceased person : Yes No (please circle)	
If yes, please provide evidence of the grant of probate or court appointment of the administrator with this request – Any request without this evidence will not be granted	

What information are you requesting?

I want a copy of the health record (please tick one)

all records records relating to these services

I want to receive the copy as (please tick one)

paper copy CD

.....
Name of Applicant

.....
Signature of Applicant

Date