

SOUTH INFIRMARY - VICTORIA HOSPITAL, CORK.
REQUEST FOR ACCESS TO RECORDS
Access under Freedom of Information Act 2014
(Third Party Requests / Request for Records of Deceased Persons)

1. Details of Person named in the requested records (PLEASE USE BLOCK CAPITALS)

Surname: _____ First Name(s): _____

Maiden Name: (if applicable) _____ Date of Birth: _____

Present Address: _____

Previous address (if any): _____

2. Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname: _____ First Name(s): _____

Date of Birth: _____ Telephone: _____

Present Address: _____

Relationship to person named in the records which are being requested: _____

3. Identification

(i) A copy of an identifying document of requester accompanies this form

[] Yes [] No (tick one)

(ii) A copy of consent from the person named in the record accompanies this form (if applicable)

[] Yes [] No (tick one)

4. I request access under Section 12 of the Freedom of Information Act 2014

Signed: _____ Date: _____

