## 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							
• • • • • • • • • • • • • • • • • • • •	A copy of an identifying document of requester accompanies this form						
(ii) A copy of consent from the person named i							
[ ]Yes [ ] No (tick one)							
4. I request access under Section 12 of the Freedom of Information Act 2014							
Signed:	Date:						

5.	Details of Information/Records Requested					
	To help us to access as speedily as possible the records you require, please describe the records as precisely as you can.					
Тур	e of records requested:					
Dat	e(s) & year(s) of attendance:					
Dep	eartment attended:					
Any	other relevant information:					
	Please send completed Application Form to:					
	Ms. Louisa Hussey,					
	Freedom of Information Office,					
	South Infirmary - Victoria Hospital,					
	Old Blackrock Road,					
	Cork.					
	Tel. No. (021) 4926100 Fax. No. (021) 4310153					

**Please note:** To help in processing your request, the information on this form will be stored in electronic format.

## **For Office Use Only**

	Admin Access	FOI Access	Signed/Int.
Date Received			
Date Acknowledge			
Identity Confirmed	Yes [ ] No [ ]	Yes [ ] No [ ]	
Consent Verified	Yes [ ] No [ ]	Yes [ ] No [ ]	
Fee Applicable	Yes [ ] No [ ]	Yes [ ] No [ ]	
Access Granted	Yes [ ] No [ ]	Yes [ ] No [ ]	