

**Freedom of Information Act 2014
Access to Records Form
Our Lady's Children's Hospital, Crumlin**



Please use BLOCK letters

Details of Applicant

Surname: _____

First Name: _____

Contact Address: _____

Email Address: _____ Fax Number: _____

Telephone Number(s) Home/ Business: _____ Mobile: _____

Details of Records Sought

Subject / Person records relate to: _____

Relationship (if personal information is not that of requester): _____

Date of Birth (of person the records relate to): _____

Dates Records relate to (if applicable): From: _____ To: _____

Form of Access (eg. photocopies, view records etc): _____

Date: _____ Signature: _____

Personal Information

Before you are given access to personal information relating to yourself, you may be asked for proof of identity. If personal information relates to another person you may be asked for proof of consent or proof of relationship to the person.

*Please return your completed form to:
The Freedom of Information Officer, Our Lady's Children's Hospital, Crumlin, Dublin 12*

*For Official Use:
Office Stamp*