



REQUEST FOR INFORMATION ABOUT THE DECEASED

This form must be completed before the Council will consider any request to disclose personal information of deceased individuals.

Disclosures will be based on careful consideration of all the information that is provided by the requestor, their entitlement to the information and the information that is held.

The Council judges each request on a case-by-case basis. In order to protect the privacy of our residents, we reserve the right to refuse a request where we do not believe there to be enough evidence to support the belief that the deceased individual would have given their consent to the release of their information were they alive.

SECTION 1 – Requester Details

First name(s):		Last name:	
Address:			
Postcode:		Telephone Number:	
Email:			

The following documents are required as part of a valid request.

IMPORTANT: Please supply us with photocopies, as we cannot return original documents.

Proof of	Evidence
Your identity	A passport, driving licence or birth certificate.
Your address	A bank statement or bill dated within the last three months. Confirmation the individual is deceased:
Death of deceased	A copy of the death certificate or grant of probate.

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Your entitlement	We need to confirm that you are entitled to access their information. Please provide us with proof of this entitlement. For details regarding what we consider to be proof of entitlement, please see Proof of Entitlement Section.
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PROOF OF ENTITLEMENT

The Council will only release records to an individual who can prove they are entitled to access the information. We consider the following examples to be proof of this entitlement. Please indicate which applies and provide the necessary evidence.

a) Request made by the deceased person's 'personal representative' (also known as the executor or administrator of their estate).	<input type="checkbox"/>
b) Request made by an individual who held a Health & Welfare Lasting Power of Attorney (LPA) for the deceased person when they were alive.	<input type="checkbox"/>
c) Request made by an individual who held a Financial Affairs Lasting Power of Attorney for the deceased person when they were alive (although they would only be entitled to information about paying their bills, collecting their benefits, or selling their home).	<input type="checkbox"/>
d) Request made by an individual who was a Personal Welfare Deputy for the deceased person when they were alive, providing the request does not go against any decision made by an attorney acting under a Lasting Power of Attorney.	<input type="checkbox"/>

Please indicate whether you acted / are acting solely or severally, or if you share(d) responsibility:

Solely / Severally Responsible	<input type="checkbox"/>	Jointly responsible	<input type="checkbox"/>
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Please note: If you are **jointly responsible for the estate of the deceased**, we will also require consent from any and all individuals who hold responsibility alongside you before we can release any information. Please ensure all individuals you share joint responsibility with complete **Appendix A**.

The Council may also release information in the following circumstances. Please indicate which applies and provide any evidence in support.

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a) Request made by an individual who has proof that they have a claim arising from the deceased individual's death.	<input type="checkbox"/>
b) Request made for information which is already known to be in the public domain.	<input type="checkbox"/>
c) Request made where there is sufficient evidence to support the assumption that the deceased individual would have given their consent to the release of their personal information if they were still alive	<input type="checkbox"/>

SECTION 2 – Details of the individual you are requesting information about:

First name(s):		Last name:	
Previous names:			
Address:			

SECTION 3 – Details of information you are requesting

Please describe the information you require (be specific as possible) together with any other relevant information that will help us in finding the requested information. Please be aware the Council will not be able to release information that was provided to us confidence by the deceased and will not be able to provide the personal data of third parties:

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Please explain the reason you are requesting this information. If this request is linked to any current or possible future legal action, please provide us with the details:

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SECTION 4 – Declaration and Signature

In support of my request, I am supplying

<input type="checkbox"/>	Photocopy of proof of identity
<input type="checkbox"/>	Photocopy of proof of address
<input type="checkbox"/>	Photocopy of confirmation that the individual is deceased
<input type="checkbox"/>	Photocopy of proof of entitlement

I confirm that the information given on this form is correct and I understand that Nottinghamshire County Council may need more information from me to comply with this request. I understand that the information and identification supplied will be used to locate the information requested and confirm my identity. I understand the council may need to contact me about this request.

Signed	
Print Name	
Date	

Where to send your application and appropriate identification

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By Post to: Nottinghamshire County Council
Complaints and Information Team
County Hall
West Bridgford
Nottingham
NG2 7QP

By email to: accessto.records@nottscc.gov.uk

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Consent to Release Information

Please ensure this consent form is completed by all those granted joint responsibility alongside you. If responsibility is shared, please print additional copies of this statement as necessary.

Confirmation of status	Insert relevant details
I confirm my name is:	
I confirm I am named jointly responsible for the affairs and state of the late:	
I am aware of the request for information and hereby give my consent to allow Nottinghamshire County Council to release the information held about the late:	
I hereby consent that Nottinghamshire County Council may release that information to:	
I consent to the information being sent to their (the requestor's) address which is:	

Signed	
Print Name	
Date	

If you have any queries regarding this form, please call 0115 9772788.

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