Freedom Of Information Request (3rd Party)

Beaumont Hospital / Ospidéal Beaumont

PART 1 - (Patient Information)

Patient First Name:

Patient Last Name:

Patient Address:

Patient Date of Birth:

Patient Relationship to you:

Documentary evidence of your relationship to the patient:

A. Parent/Child (Long Birth Certificate)
B. Spouse/Former spouse (Marriage Certificate)
C. Partner/Former Partner
D. Next of Kin (Affidavit by solicitor or peace commissioner)
E. If an Executive of a Will – please provide a copy of same.

Please note if the place of death is not Beaumont Hospital, a copy of the patient's Death Certificate is also required

My reason for requesting on behalf of the above named patient:

Under Age (U-16)	☐	Deceased	☐
Incapacitated	☐	Other (*Please outline below)	☐

*If you have ticked *Other* above, written consent and a copy of identification of the patient is required*

And as proof of **my relationship to the aforementioned** I attach a copy of one of the following:

Long Birth Cert	☐	Marriage Certificate	☐
	or		
Affidavit	☐	Will	☐

Contact Us: Monday to Friday, 9am to 4pm *(excluding Bank Holidays)*
✉ **Postal:** Freedom of Information Office, Beaumont Hospital, Dublin 9

💻 **Email:** foi@beaumont.ie ☎ **Phone:** 01 809 3145

GDPR: *All information provided will be used and stored in compliance with General Data Protection Regulation and will not be used for any other use than for the purpose of this Request.*

PART 2 - (Requester Information)

Requester First Name:

Requester Last Name:

Requester Address:

Requester Date of Birth:

Requester Contact Number / Email:

Documentary evidence in support of your application must be provided.

- I.D. Provided, must be valid and in date.
- Proof of Address must be within the last 6 months.

As proof of **my identity**, I attach a copy of one of the following I.D's:

Copy of Passport ☐ **or** Copy of Drivers Licence ☐

and

Proof of Address ☐

In order to provide your information in a timely manner, it is important that you provide clear instructions on the information request. This includes dates, departments, tests or services required.

What Information I require:

* Please provide specific date periods and records required

Signed:

Date:

Contact Us: Monday to Friday, 9am to 4pm *(excluding Bank Holidays)*

✉ **Postal:** Freedom of Information Office, Beaumont Hospital, Dublin 9

💻 **Email:** foi@beaumont.ie ☎ **Phone:** 01 809 3145