

1. Application

I, the undersigned Mister Mrs (birth and/or used name, first name)

Born on the ☎ :

Address.....

Acting as :

- Patient
- Legal representative of (*surname, first name and date of birth of the represented patient, either a minor or a person under guardianship*)

- Beneficiary of/partner -in a civil union or not- with (*full name of the patient, dates of birth and death*)

Reason for the application, only in case of death of the patient (*compulsory part*)

- Know the cause for death
- Defend the memory of the deceased ①
- Defend your rights ①

① For these last two reasons (defend the memory of the deceased / your rights) complete the part « *useful informations to help finding the medical record* ».

Ask for the transmission of the following documents (*state the kind of documents needed : hospitalisation report, operation report etc.*). Depending on my application a quote may be sent (duplication fees are charged) :

Useful informations to help finding the medical record : department(s) and date of hospitalisation etc.....

2. Documents transmission modalities :

- At the hospital Foch (*contact the secretariat of the concerned department to make an appointment*)
- By mail to my address
- By mail to the Doctor (*surname, first name, address, ☎*)

3. Document(s) required for every application for a medical record :

- The application concerns your medical record, attach the following document :

- a copy of your identity papers (identity card, passport)

-The application concerns a patient for whom you are the legal representative, attach the following documents :

- a copy of your identity papers (identity card, passport)
- a copy of the guardianship judgement (if the patient is under guardianship)
- a copy of the family record book (**if the patient is minor**) or of any other document proving filiation (in the event of divorce : copy of the document proving you are the parental authority).

-The application concerns a deceased with whom you were in a relationship with/ for whom you are the beneficiary, attach the following documents :

- a copy of your identity papers,

If you are the child of the deceased :

- a copy of the family record book or of any other document proving filiation.

If you had a relationship with the deceased patient when the death occurred :

- a document proving the civil union (marriage record book, birth certificate, legal convention...)
- all documentation proving the cohabitation if your partnership was not registered (gaz or electricity bills with the 2 names...)

If you are the beneficiary of the patient : one of the following documents

- a copy of the notarial deed (available from the person in charge of the estate : notary, executor etc.)
- a copy of a certificate of inheritance (it can be obtained from your town hall, the town hall of the deceased or from the town hall where the death took place).

Done at this Signature