

**Application to receive Personal Information about a Deceased Person**

**YOU DO NOT HAVE TO USE THIS FORM. You can send the requested information to** [transparencyteam@essex.gov.uk](mailto:transparencyteam@essex.gov.uk)

**Part 1 – Requester Information -** Please complete in **BLOCK CAPITALS**

Full Name ………………………………….. Relationship to deceased ……….…………………

Address ………………………………………………………………………………………………….

Daytime Telephone Number …………………..… Email Address …….……………….…...........

I provide the following proof of identity with my application:

Passport  Driving Licence  Birth Certificate  Other

‘Other’ please state ………………………………………………………………………………………..

**Part 2 – Information about the deceased person**

**Please note:** Deceased Social Care information has an ongoing expectation of confidence. Only limited information can be given to the Executor of the Will. [More Information](https://www.essex.gov.uk/sites/default/files/migration_data/files/assets.ctfassets.net/knkzaf64jx5x/010GQp7sy9vfi3Xzq7Wa8A/15b06aa6a2d9e33350a6f118a4e17426/Guide-to-accessing-deceased-information.pdf).

Title …… Surname ………………………………... First Name ………………………………….

Maiden, previous or other names ……………………………………………………………………..

Date of birth ………………………………Date of Death……………………………………………..

Last Address ………………………………………………………………………………………..

I provide the following documents required to process my request:

Death Certificate

Certified copy of the Will naming me as Executor **OR** Proof of Grant of Probate **OR** Proof of [Letter of Administration](https://www.gov.uk/government/publications/apply-for-probate-by-post-if-there-is-not-a-will)

**Part 4 – Details of the information being requested**

I understand I will not receive the entire care record. Only data relevant to my concern will be considered for disclosure. The nature of my concern is:

**Part 5 – Disclosure of Information**

We disclose information electronically unless specified otherwise. If you have a disability which prevents you from accessing information electronically please explain below .

**Part 6 – Declaration**

I certify the information provided on this form is true. I agree to supply information required to confirm my identity. I agree to supply help to identify the information I want.

Name ……………………………….. Signature …………………………….. Date ……..........

**Email this completed form to**: [Transparencyteam@essex.gov.uk](mailto:Transparencyteam@essex.gov.uk) with your ID documents.

Alternatively you can post to: Transparency Team, Essex County Council, PO Box 11, County Hall. Chelmsford CM1 1QH.

Data Protection Notice – We will only use this form to handle your request and not keep it longer than is necessary to do so. Full information on how we use personal data can be found at [Privacy and data protection - Essex County Council](https://www.essex.gov.uk/topic/privacy-and-data-protection)