# Application for Access to Records of a Deceased Person

1. **Requestor**

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| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Job Title:** |  | | |
| **Organisation:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | **Telephone:** |  |
| **Email:** |  | | |

1. **Deceased**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Address:** |  | | |
| **Date of Birth:** |  | | |
| **Date of Death:** |  | | |

1. **Specific information required - we ask that you give details of the time periods and parts of the record**

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1. **Reason for requesting disclosure**

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1. **Authority under which you are entitled to disclosure e.g. Executor of Will/Administrator of their Estate/Court order -PLEASE ATTACH DOCUMENTARY EVIDENCE OR DETAIL YOUR LEGAL POWERS (e.g. if Coroner or Police)**

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1. **Are any family/relatives likely to object to the disclosure?**

Yes

No

Please provide any wishes/feelings they have expressed or any wishes of the deceased you are aware of:

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1. **Is the request urgent?**

Yes

Please explain why and indicate what date the information is required by.

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|  |

We will notify you if we do not hold information or your request for disclosure is refused

1. **Declaration**

I certify that:

* The information requested is compatible with the stated reason and will not be used in anyway incompatible with that purpose
* I am unable to source the information from elsewhere
* The information given on this form is correct

**Requestor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Where to send your request**

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application.

Send this form to:

**Email: Legalinformationgovernance@wigan.gov.uk**

**Postal address:**

Information Governance Team

Wigan Council

First Floor

Town Hall

Library Street

WIGAN

WN1 1YN