



**APPLICATION TO DISCLOSE INFORMATION
CONCERNING A DECEASED PERSON**

Social Services and Health Care Division

Information concerning the person requesting the documents	Last name		First names
	Date of birth		Telephone number
	Address and postal code		E-mail address
Information on the family relationship	Family member of the deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Family connection	
	Last name		First names
Information concerning the deceased	Personal identity code		Date of death
	Please specify the documents requested (treatment facility, period of time)		
Grounds	Purpose of use of the information		
Please provide the information in the following manner	<input type="checkbox"/> by mail to the address above		
	<input type="checkbox"/> by e-mail (confidential information will be sent via secure e-mail)		
Date and signature of the person requesting the documents	Place and date	Signature and name in block capitals of the person requesting the documents	
	Identity verified (completed by recipient) <input type="checkbox"/> official ID card <input type="checkbox"/> passport <input type="checkbox"/> driving license <input type="checkbox"/> Kela card with image <input type="checkbox"/> student card with image <input type="checkbox"/> residence permit card with image <input type="checkbox"/> identity otherwise verified (when the person is known/familiar)		
Recipient information	Reception date		Recipient name
	Recipient e-mail address		

According to paragraph 5 of subsection 3 of section 13 of the Act on the Status and Rights of Patients, information on health care or treatment of illnesses provided to the deceased while they were living can be disclosed to anyone who needs them to determine or exercise their important rights or determine their benefits insofar as the information is necessary to do so. Examples of these situations include the need to determine the legal capacity of the patient (in the event that disagreements arise from inheritance matters) or any possible medical malpractice. In addition to this, information may be provided concerning any hereditary genetic defects.

If necessary, an account of the family relationship or an authorisation provided by the estate must be presented.

The recipient of the information may not use or assign the information to be used for any other purpose. Breaking this confidentiality obligation is punishable on the grounds of criminal law.

The completed and signed form must be delivered to the City of Helsinki Registrar's Office or the Social Services and Health Care Division office in person.