



Centre hospitalier de St. Mary
St. Mary's Hospital Center

3830, avenue Lacombe, Montréal (Québec) H3T 1M5
MEDICAL RECORDS: (514) 734-2617

Medical Record Request of a Deceased Patient

Chart N° :

A D D R E S S O G R A P H

Identification of Deceased Patient

Surname and given name at birth: _____

Date of birth (Y/M/D) : _____ Date of death (Y/M/D) : _____

Marital Status: Married Common law
 Separated Divorced
 Single

Identification of Applicant

Name of applicant: _____

Relationship with patient: _____ Telephone N°: () _____

Address: _____

City: _____ Postal Code: _____

Under what title are you making this request? (Please check one)

Spouse Legal Heir
 Common law Liquidator of succession
 Child of deceased Beneficiary of insurance policy
 Parent of deceased Other: _____

Please join documents attesting your title. (Examples: marriage or birth certificate, proof of common law relationship, will, copy of insurance policy or pension, etc.)

I the undersigned, request to have access to the documents containing in the medical records of the above mentioned patient. The documents I request are as follows:

I require access to the medical file for the following reason(s). Be specific.

Signature of Applicant	Date
Witness to Signature	Date