

Office of the Chief Medical Examiner
CONSENT TO DISCLOSE INFORMATION
 (Use this form to permit us to share records with a third party)

The Office of the Chief Medical Examiner (OCME) manages personal information in accordance with the *Fatality Inquiries Act* and the *Freedom of Information and Protection of Privacy Act*. Decedent information may be disclosed directly to a third party (ex. Insurance company, bank) with the consent of next of kin or personal representative (executor/administrator/trustee) of the estate. Note: You must attach proof if you are the personal representative of the estate.

Next of Kin or Executor(ix) Information (please print)			
Last Name	First Name	Relationship to Deceased	
Mailing address			
City/Town		Province	Postal Code
Home Phone	Cell Phone	Other (business/work)	
Decedent Information (please print)			
Last Name	First Name and middle initial	Date of Death (if known)	

I authorize the OCME to disclose decedent information to the individual(s) or organization(s) specified below. The recipient(s) may use the information for any reasonable purpose.

Signature

Date

Disclose records to the following organizations/individuals:

<input type="checkbox"/> Private Individual
Name and relationship to deceased
Representing the next of kin or authorized representative:
<input type="checkbox"/> Insurance Company(ies) <input type="checkbox"/> Bank(s) <input type="checkbox"/> Lawyer(s)
Organization name(s)

Records which may be disclosed (check all that apply):

<input type="checkbox"/> Certificate of Medical Examiner	<input type="checkbox"/> Summary Autopsy Report or External Examination Report only
<input type="checkbox"/> Detailed Autopsy Report (includes Summary Autopsy Report and Toxicological Analysis)	<input type="checkbox"/> Toxicological Analysis

Return this completed form along with your request including payment of the associated fee to the Office of the Chief Medical Examiner

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