



From  Ng Teng Fong General Hospital  
 Jurong Community Hospital  
 Jurong Medical Centre

## Additional Consent & Declaration for Release of Medical Information of Deceased Patient (Form C)

- Note:
- This form is required if the applicant of "Application & Consent for Release of Medical Information" (i.e. "Form A") is the nearest relative of the deceased patient in the absence of a Legally Appointed Representative.
  - Section 1 is to be filled by the Applicant.
  - Section 2 is to be filled by all living spouses / children / parents / siblings (other than the Applicant) of the deceased patient, if the Applicant is not the only living spouse / child / sibling.
  - Scanned copies / photocopies of the relevant verification documents (e.g. marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouses / parent/ children / siblings) as proof of relationship to the deceased patient.
  - If the nearest relative is not a spouse/child/parent/sibling of the deceased, must provide the appropriate declaration under Section 1.
  - Additional declarations may be required by the Institution(s) if necessary.
  - Use additional copies of this form if the space provided is insufficient.

### Section 1 – Declaration from the Applicant

I, (name) \_\_\_\_\_ (NRIC) \_\_\_\_\_ am the nearest relative,  
(relationship) \_\_\_\_\_ of the deceased patient (name) \_\_\_\_\_ (NRIC) \_\_\_\_\_.

- I hereby declare that the deceased has no Will and there is no Legally Appointed Representative of the deceased.
- I hereby declare that I am the (delete as appropriate) only / not only (delete as appropriate) living spouse / child / parent / sibling of the deceased patient, and therefore declare that the contents below are true to the best of my knowledge, information and belief.
- I hereby declare that I am not the spouse / child / parent / sibling but a relation of the deceased and further declare that the contents below are true to the best of my knowledge, information and belief.

I understand that legal action may be taken against me for any omission, false or incorrect statement(s) made.  
By reason of aforesaid, I undertake full responsibility and liability arising from the release of such medical information of the deceased patient as requested.

Signature & Date: \_\_\_\_\_

### Section 2 – Consent & Declaration from All Other Living Spouses / Children / Parent / Siblings

We, the (delete as appropriate) spouses / children / parent / siblings of (Deceased patient's name) \_\_\_\_\_

(deceased patient's NRIC) \_\_\_\_\_ hereby authorise the above mentioned Institution(s) of **National University Health Services Group Pte. Ltd. (formerly known as Jurong Health Services Pte. Ltd.)** to furnish and release the medical information / medical report of the above-mentioned patient. By reason of the aforesaid, we undertake full responsibility and liability arising from the release of the medical information.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_

NRIC No: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_