



Deceased Patient's Medical Report / Medical Records Application Form
申請死者的醫療報告 / 醫療記錄表格

1. Particulars of Deceased Patient: 死者資料

- (a) Name: _____ (English) (_____)
姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名
- (b) Sex: Male Female Age: _____
性別 男 女 年齡
- (c) Nature of Identity Document and Number: _____
身份證明文件類別及號碼

2. Nature of Application: 申請性質

- (a) Deceased's Medical Report 死者的醫療報告
- (b) Deceased's Medical Records 死者的醫療記錄

Particulars: 詳情

- (c) Specialty: _____
專科
- (d) Period: From _____ To _____
期間 由 至
- (e) Purpose (Please specify):
用途 (請註明)
- _____
- _____
- _____



3. Particulars of Applicant: 申請人資料

- (a) Name: _____ HKID No.: (_____)
姓名 身份證號碼
- (b) Address: _____
地址
- (c) Telephone Number: _____
電話號碼
- (d) Relationship with the Deceased: _____
與死者關係

4. Declaration:

聲明

I, the Applicant, declare as follows: (Please tick the appropriate box)

本申請人現聲明如下：（請在適當的空格上加上“√”）

- (a) I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the Deceased's estate.
本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。
- (b) I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.
本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產人士。

Remarks:

Please produce in person the original or provide a true copy of the followings:

- (1) the Deceased's identity document (or the Deceased's birth certificate if under 18 years of age) and death certificate, and*
- (2) the identity document of the Applicant, and*
- (3) the documentary evidence to support the relationship between the Applicant and the Deceased, or*
- (4) a court document issued by the court that can support the above point 4.*

備註:

請親身出示以下文件正本或提交真確副本：

- (1) 死者的身份證明文件 (如死者年齡未滿十八歲，出示其出生證明書) 及死亡證，及
- (2) 申請人的身份證明文件，及
- (3) 證明申請人與死者之間關係的證明文件，或
- (4) 能證明以上第4a項聲明，由法院簽發的法院文件。

Signature of the Applicant

申請人簽署

Date

日期