



九龍中醫院聯網  
Kowloon Central Cluster

MR \_\_\_\_\_

Queen Elizabeth Hospital  
伊利沙伯醫院

**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
- (c) 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 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4項由法院簽發的法院文件。

\_\_\_\_\_  
Signature of the Applicant  
申請人簽署

\_\_\_\_\_  
Date  
日期

**For Official Use**

To: Accounts Office  
Please collect the NET charges HK\$895 for  
medical report

HAQEH 01 62710 000 731 XQB2 Z1 5300

Date: \_\_\_\_\_