



Berkeley Fire Department
Emergency Medical Services



Request for Patient Care Report Personal Representative of a Deceased Person

INSTRUCTIONS:

1. **This form is to be used ONLY by the personal representative of a deceased person.**
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Personal Representative (person making request for record):

My name is: _____

Relationship to deceased: _____

My mailing address is: _____

Day Phone: _____ Evening Phone: _____

Patient Information:

Patient's Name: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc) _____

REMEMBER TO ENCLOSE THE FOLLOWING:

- ____ Copy of my driver's license or other equivalent photo I.D.
- ____ Copy of the Death Certificate.
- ____ Check or money order in the amount of \$20.00 payable to **'Berkeley Fire Department'**

I affirm that I am the personal representative for the named patient and that the information and documents presented are valid and true.

Signature _____
Date

Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., the Death certificate, and your check or money order to:

**Berkeley Fire Department
Accounting Division
2100 Martin Luther King, Jr. Way, 2nd Floor
Berkeley, California 94704**

If you have any questions, please contact the Accounting Division at 510-981-5538.