

Request for Patient Care Report

Duly Appointed Personal Representative of a Deceased Person



INSTRUCTIONS:

1. **This form is for use ONLY by a duly appointed representative of a deceased person.** If this does not apply to you, please return to www.singerly.com/firerecords to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Duly Appointed Personal Representative (person making request for record) My

name is:

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 driver's license or other equivalent photo I.D.
- Copy of the legal document that identifies me as the personal representative
- Copy of the Death Certificate
- Check of money order in the amount of **\$75.00** payable to "**Singerly Fire Company**"

I affirm that I am the duly appointed 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., your check or money order, the document naming you as the personal representative, and the death certificate, to:

Singerly Fire Company
Attention: Assistant Chief for EMS
PO Box 444 Elkton, MD 21922-0444

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Assistant Chief for EMS at 410-398-2078 Ext. 248.