



HEALTH AND SOCIAL SERVICES
**DECLARATION OF AUTHORITY
FOR A DECEASED PERSON**

This form is to be completed by individuals declaring their authority as a personal representative to exercise the rights or powers of a deceased person, pursuant to s.47 of the *Health Information Privacy and Management Act (HIPMA)*.

Section 1: Individual for whom records are being requested (the Deceased)		
Full name	Date of birth YYYY/MM/DD	
Section 2: Personal representative information		
Full name	Residential address	Territory/Province
Section 3: Confirmation of authority		
I confirm that I am the personal representative of the estate of _____ (the "Deceased") under the authority of the attached (select one): <input type="checkbox"/> Grant of Probate <input type="checkbox"/> Letters of Administration and I further confirm that my exercise of the rights or powers of the Deceased will either: a. relate to the administration of the Deceased's estate; or b. relate to a claim under a policy of insurance in which a benefit is payable upon the death of the Deceased; and will not be exercised for any other purpose.		
Section 4: Declaration of authority for a deceased person		
I declare that the information provided above is accurate and complete. <input type="checkbox"/> I understand that section 121(1)(c) of the <i>Health Information Privacy and Management Act</i> provides that a person who knowingly makes a false assertion to the effect that the person is entitled to consent on behalf of another individual is guilty of an offence and on conviction is liable to a fine of up to \$25,000.		
Signature of declarant	Printed name of declarant	Date YYYY/MM/DD