

Alexander Harris solicitors

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Code A

with compliments

Handling *with care*

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Offices also in **Central London** and the **North West**

CONSENT FORMName MISS ANN ATTREE

Address (incl. Postcode)

Code A**Code A**Telephone No. **Code A**Deceased MRS LILY ATTREEDate of Death 24-8-1996Relationship to Deceased DAUGHTER

Transferred to Gosport War Memorial Hospital from:-

 Other Hospital (if so state which) GP Other (please**Code A**I, ANN ATTREE confirm that I wish to support the investigation relating to The Gosport War Memorial Hospital.

I also confirm that I give permission to Alexander Harris to release my details and any supporting documents to those agencies carrying out investigations in this matter.

Code A

Signed _____

Dated 1-5-2003