

Code A

CONSENT FORM

Name MRS RITA M. HOARE

Address (incl. Postcode) **Code A**

Telephone No.

Deceased **Code A**

Date of Death

Relationship to Deceased DAUGHTER

Transferred to Gosport War Memorial Hospital from:- QUEEN ALEXANDER HOSPITAL

Other Hospital (if so state which) GP Other (please

I, RITA M HOARE 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.

Signed **Code A**

Dated 26-2-2003

*details entered onto d/b
28/02/03 - open file
file open form
Completed 7/3/03*