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CONSENT FORM

Name

Timothy Wellstead

Address (incl. Postcode)

Code A

Telephone No.

Deceased

Date of Death

Relationship to Deceased

Son

Transferred to Gosport War Memorial Hospital from:-

Other Hospital (if so state which)

GP

Other (please

I, T. Wellstead 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

20/2/03

details entered on a/b - open

file open form completed 7/3/03