

Code A

CONSENT FORM

Name

MR. IAN WILLIAMSON

Address (incl. Postcode)

Code A

Telephone No.

Deceased

Code A

Date of Death

Relationship to Deceased

① ~~FATHER~~ (SON)      ② ~~HUSBAND~~ (SON)

Transferred to Gosport War Memorial Hospital from:-

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

① HASLAR, GOSPORT,

② QUEEN ALEXANDER, PORTSMOUTH.

I, IAN WILLIAMSON, 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

8<sup>th</sup> April, 2003