



Request to disclosure information concerning the deceased

Act on Processing of Client Data in Social and
Health Care (703/2023)



PRINT



CLEAR FORM

A report of the relationship to the deceased, i.e. a will, a copy of the family relations from the extract of the personal register of the deceased in the estate inventory deed or an official certificate, which shows the relationship, shall be attached to the request for information.

REQUESTOR'S INFORMATION

Requester name

Personal identity code Telephone

Delivery address of the information (information can be submitted by secure email or by post)

☐ I want the information by post

☐ I want the information by secure e-mail

Address, post number and town

E-mail

INFORMATION ABOUT THE DECEASED

Name of the deceased

Personal identity code

Date of death

Following information is requested

Period, for which the information is requested

From the start of

To the end of

Purpose of the data usage (if necessary, you may continue on a separate attachment)

ATTACHEMENTS

- ☐ a report of the relationship to the deceased, i.e. a will
- ☐ a report of the family relations i.e. a copy of the family relations part in the estate inventory deed or an official certificate, showing the relationship

DATE AND SIGNATURE

Place and date

Signature of the requester

Name clarification of the requester

TO BE FILLED BY THE OFFICIAL

Identity of the requester has been confirmed

- ☐ Passport ☐ Driving licence ☐ Photo ID

When the attorney requests information, a copy of the power of attorney or the decision of the court or the Digital and population data services agency is attached

☐ yes

Place and date

Signature of the person confirming the identity

Name clarification of the person confirming the identity

Public office

Filling out the form:

The filled form can be returned to the locations below. Please note, that you can also take care of matters electronically at <https://asiointi.vakehyva.fi/login>

The form has to be submitted in person, and your identity will be confirmed when you hand in the form. Please take a photo ID with you (passport, driving licence or a photo ID). If your identity can't be confirmed, it is not possible to perform the request.

VANTAA INFO**Tikkurila**

Dixi, Ratatie 11, 2 floor

Myyrmäki

Myyrmäkitalo, Paalutori 3

KERAVAN ASIOINTIPISTE**Sampola Service Centre**

Kultasepänkatu 7, 1 floor

In accordance with Act on Processing of Client Data in Social and Health Care (703/2023) Section 4, the client data in social and health care shall be kept confidential at all times. However, in accordance with Section 52 in the Act, information concerning social and health care services provided during a deceased person's lifetime may be disclosed, upon reasoned written application, to a person who needs the information to ascertain or exercise their vital interests or rights, to that extent the information is necessary for the purpose of ascertaining or exercising those interests or rights. The recipient of data must not use or disclose data for any other purpose.



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