



## Request for Patient Care Report

### Duly Appointed Personal Representative of a Deceased Person

#### **INSTRUCTIONS:**

1. **This form is for use ONLY by a duly appointed representative of a deceased person.** If this does not apply to you, please return to [www.baltimorecountymd.gov/firerecords](http://www.baltimorecountymd.gov/firerecords) to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Duly Appointed Personal Representative (person making request for record):

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

#### **Patient Information:**

Patient's Name: \_\_\_\_\_

#### **Incident Information:**

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Location (street address, intersection, etc.,) \_\_\_\_\_

#### **REMEMBER TO ENCLOSE THE FOLLOWING:**

- Copy of my driver's license or other equivalent photo I.D.
- Copy of the legal document that identifies me as the personal representative.
- Copy of the Death Certificate.
- Check or money order in the amount of **\$15.00** payable to "**Baltimore County Maryland**"

**I affirm that I am the duly appointed personal representative for the named patient and that the information and documents presented are valid and true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this signed and dated form, your check or money order, and copies of your driver's license or equivalent photo I.D., the document naming you as the personal representative, and the Death Certificate, to:

**Baltimore County Fire Department  
Records Office  
700 East Joppa Road  
Towson, MD 21286-5500**

*To allow for processing time, no walk-in requests will be accepted.*

**If you have any questions, please contact the Records Office at 410-887-2071.**