**Subject Access Form (SAR)**

Data Protection Officer

National Maternity Hospital

Holles Street

Dublin 2

|  |  |
| --- | --- |
| **Surname** (when patient of hospital): | |
| **Forename** (when patient of hospital): | |
| **Current Surname** (if different at present): | |
| **Home Address** (when patient of hospital): | |
|  | |
| **Current Home Address** (if different at present): | |
|  | |
| **Date of Birth**: | **Hospital Number** (if known): |
| **Contact Number:** | **Email Address:** |
| **Proof of Identity:** (attach copy of ID) | |
| *Please specify below what type of record you wish to access with relevant and applicable dates:* | |
| **Signature:** | **Date:** |