**Subject Access Form (SAR)**

Data Protection Officer

National Maternity Hospital

Holles Street

Dublin 2

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| **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:** |