



About this form

Fill in this form so we can release the employment history for the deceased person, to either:

- you
- a solicitor
- a coroner
- another professional representative

about an industrial compensation claim or a claim under Section 85 of the Deregulation Act 2015. You must be legally entitled to apply for a grant of probate or letters of administration for the deceased person before you complete this form.

How to fill in this form

Please use capital letters and write clearly in black ink. Fill in:

- part 1 - in all cases
- part 2 - if you've received this form from a third party, such as, a solicitor, coroner or another professional representative
- part 3 - if you're a family member or are acting on behalf of a family member of the deceased
- Declaration - in all cases

To avoid any delays, give us all the information we've asked for.

Part 1 - Details of the deceased

First name

Surname or last name

Last known address

Date of birth DD MM YYYY

Date of death DD MM YYYY

National Insurance number

Reason for the request for information

Part 2 - Details of third party

Company name

solicitor, coroner, or professional representative

Address of solicitor, coroner or professional representative

Postcode

Your reference number

You'll find this on correspondence you've received from a solicitor, coroner or another professional representative

Part 3 - Your details

First name

Surname or last name

Address

Postcode

Relationship to the deceased

Declaration

I declare that the information given on this form is correct and complete. I confirm that:

- I'm entitled to ask for this information under section 85 of the Deregulation Act 2015, for the use in fatal accident or personal injury proceedings or for an application under the Diffuse Mesothelioma Payment Scheme
- I've not obtained probate, confirmation or letters of administration, I'm dealing with this request for information under section 85 of the Deregulation Act 2015
- I understand and agree that HM Revenue and Customs may carry out further checks or ask for additional information from me before any information is released
- I'm the parent or guardian of (write the name of the child in the box below)

who is the closest living relative of the person named at part 1 - (only to be completed where a request for information is being made by an adult on behalf of a child)

First name

Surname or last name

Signature

Date DD MM YYYY

What to do now

If you've received this form from:

- a solicitor
- a coroner
- another professional representative

send the completed form to back to them.

If you've filled in this form because you're:

- a family member
- acting on behalf of a family member of the deceased

send the completed form to the address below:

Bereavement Services
HM Revenue and Customs
BX9 2BS