

Service Request Form - Legal Guardian

Please only fill out this form if you are a legal guardian who has received a letter from Children's Health Ireland (CHI) about a minor impacted in the HSE Cyber-Attack and you would like to:

- verify your identity and guardianship role by sending in a copy of your ID and guardianship documents
- request a call back from CHI
- request a duplicate copy of the letter

The quickest way to verify your identity or request a call back is through our online portal–

<https://childrenshealthireland.ie/dataprotection>.

If you did not receive a letter from CHI regarding a minor for whom you are a legal guardian, please do not complete this form.

What you need to do:

1) Complete this form (in BLOCK LETTERS).

2) Attach a **photocopy** of your government-issued photo ID, such as passport, driving licence or public services card.

3) Attach a **photocopy** of your legal guardianship document identifying your relationship to the impacted minor.

****Important: DO NOT send original copies of your documents.**

Please provide the documents applicable to your legal guardianship role.

Mother who is a Legal Guardian:

- You will need to provide a **photocopy** of the child's birth certificate (on which you are named), **or**
- A **photocopy** of the court order appointing you as the child's legal guardian

Father who is a Legal Guardian:

- You will need to provide a **photocopy** of the child's birth certificate (on which you are named) **and** a copy of your certificate of marriage to child's mother, **or**
- A **photocopy** of the guardianship declaration you signed with the child's mother, **or**
- A **photocopy** of the court order appointing you as the child's legal guardian

Other Legal Guardian:

- You will need to provide a **photocopy** of the court order or other legal/court documents appointing you as the child's legal guardian

4) Post this completed form with copies of all required ID documents to:

Children's Health Ireland, PO Box 13571, Dublin 8, Ireland.

Privacy Notice

We will use the information in this form to match with the records on our system and verify your guardianship. Once we have verified this information, we will proceed with your request. For more information on how we process your data see our privacy policy– **<https://dataprotection.childrenshealthireland.ie/privacyandcookie/>**.

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Please only fill out this form if you are a legal guardian who has received a letter from Children's Health Ireland (CHI) about a minor impacted in the HSE Cyber-Attack and you would like to: (Please tick all applicable)

- verify your identity and guardianship role by sending in a copy of your ID and guardianship documents
- request a call back from the CHI
- request a duplicate copy of your letter

Please complete all fields below (in BLOCK LETTERS):

XXXX

The last 4 digits of your letter PIN (This is the 8-digit code at the top of your letter)

Impacted Child Full Name

Impacted Child Date of Birth

Address where impacted child's letter from CHI was received

****Important:** If you prefer to use a different address for future correspondence, please complete the Change of Address form available at <https://dataprotection.childrenshealthireland.ie/helpful-links/>

The Legal Guardian's Details

Guardianship Role: Mother Father Other Legal Guardian

Parent/Legal Guardian Name

Guardian Date of Birth

Guardian Primary phone number | Other phone number

Guardian Email Address

Please tick below boxes to confirm:

- I confirm that the information I have provided is correct.
- I agree to be contacted by Children's Health Ireland via the contact details provided.
- I have attached a **photocopy** of my government-issued photo ID for the purpose of ID verification.
- I have attached a **photocopy** of my legal guardianship document(s) for the purpose verifying of my relationship to the impacted child.

Signature: _____

Date: _____

For Employee Use Only

Received By:

Name _____

Date _____