

Authority by Next of Kin to Release Employment Records

Dust Diseases Care requires access to any and/or all of the deceased worker's apprenticeship and/or employment records to determine your application. Please complete this authority form to allow Dust Diseases Care to access those records.

1. Details of deceased worker

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Date of death		
<input type="text"/>	<input type="text"/>		
Address (street & number)			
<input type="text"/>			
Suburb/Town	State	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Your authority

I authorise Dust Diseases Care access to any and all of the deceased worker's apprenticeship and/or employment records to assist in the proof and settlement of my compensation claim. A photocopy of this authority form can be acted upon as if it were the original.

3. Details of next of kin

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (street & number)			
<input type="text"/>			
Suburb/Town	State	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home telephone	Mobile		
<input type="text"/>	<input type="text"/>		
Relationship to the deceased worker			
<input type="text"/>			
Signature of next of kin	Date		
<input type="text"/>	<input type="text"/>		

Office use only

DDC File number

Date Received