

NEXT OF KIN INDEMNITY FORM

I, _____ (Next of Kin)
 of _____ (Address)
 being _____ (Relationship)
 of _____ (Patient)
 of _____ (Patient's address)
 who died in hospital on _____ (Date)

(a) acknowledge that a decision has been taken that no Confirmation of the Estate is to be obtained, and

(b) acknowledge to have received from NHS Lothian the following items, being the property of the late _____ (Patient)

namely:

and I agree that by handing the said items to me as next of kin of the said deceased, the said NHS Lothian holds

_____ (Next of Kin)

responsible for relieving NHS Lothian of all claims in respect of the said items at the instance of creditors and other persons having an interest in the estate of the said deceased, and I hereby undertake to relieve the said of such liability

Name of recipient:	
Signature of recipient:	Date:
Name of witness:	
Designation:	
Signature of witness:	Date:

Please complete this form in block letters
 NB. Witness must not be a relative