

Gyldig fra: 24.07.24

Requirement for access to health information in the cause of death register (Dødsårsaksregisteret)

This form is used for requests for access to health information registered about the deceased in the Norwegian Cause of Death Register. If you only need a confirmation of death, without medical conditions, it is most appropriate to get [confirmation of death by contacting the district court \(domstol.no\)](#).

The deceased's next of kin have, unless there are special reasons against it, the right to access the information registered about the deceased in the Norwegian Cause of Death Register, cf. the Cause of Death Register Regulations § 5-1 ([Dødsårsaksregisterforskriften](#)). Who is considered the next of kin is defined in Section 1-3 letter b of the Patient and User Rights Act ([pasient- og brukerrettighetsloven](#)). For deaths after 1996, the Norwegian Institute of Public Health can hand over a printout of the death certificate to the next of kin.

The document contains information about the deceased, time and place of death, medical causes of death, circumstances surrounding the death and the name of the doctor who reported the death. If you want a copy of a doctor's death certificate for deaths before 1996, the National Archives (Riksarkivet) must be contacted. For access requests to the Norwegian Cause of Death Register concerning deaths from 1951 to 1996, we will only deliver a printout of what might be registered of information about the deceased in the Norwegian Cause of Death Register.

It is very important that all fields in the form are filled in correctly. FHI cannot provide access to claims that are incomplete or that contain incorrect information. FHI will check the information (social security number, name, address and relationship to the deceased) by looking it up in the National Register (Folkeregisteret), cf. the Health Register Act § 24 ([helseregisterloven](#)). If you have never been resident in Norway or are not the deceased's spouse, child, sibling or parent (and therefore we cannot verify your relationship to the deceased in the National Register), we ask that you send documentation of your relationship to the deceased.

The access request form with attachments is sent by post to:

Folkehelseinstituttet, Postboks 222 Skøyen, 0213 Oslo

In addition to the application form, we need a copy of personal identification (for example passport or driver's license) from the applicant. Responses to the access request will be sent by post to the applicant's registered address. If you have never lived in Norway, we ask that you provide the correct address in clear writing.

Requests for access must be answered without undue delay and no later than 30 days from the day the request was received, cf. Cause of Death Register Regulations § 5-2 ([Dødsårsaksregisterforskriften](#)).

A copy of the death certificate is issued in Norwegian and is not translated into other languages. For translation into other languages, an authorized interpreter must be contacted. If you are going to use the document abroad, the document must have a notarial confirmation from the district court. To obtain notarial confirmation, FHI must sign and stamp the death certificate. If you need the document to be stamped and signed, we ask that you check the field below "The document is to be used abroad".

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**Requirement for access to health
information in the cause of death
register (Dødsårsaksregisteret)**

As the next of kin (cf. the Patient and User Rights Act § 1-3), I hereby request access to health information registered about the deceased in the Cause of Death Register.

Enter information about the deceased:

Name	Postal code
Birth number (all 11 digits must be entered)	Postal address
Street adress	Country
Briefly explain your status as next of kin to the deceased:	

The document is to be used abroad:

Check the box if the document is to be used abroad

The person who requires access must enter their information here:

Name	Postal code
Birth number (all 11 digits must be entered)	Postal adress
Street adress	Country
E-mail adress (block letters)	

Signature of the person requesting access:

Place	Date	Signature
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