



**REQUEST FOR INQUEST INTO DEATH**

*Form 26 Rule 49(1)*

*Section 52(5) of the Coroners Act 2008*

DETAILS OF APPLICANT	
Title ( <i>Mr, Mrs, Ms, Dr, etc.</i> )	
Surname	
Given name	
Organisation (if applicable)	
Relationship to deceased (if any)	
Postal address	
Email	

request that the Coroner hold an inquest into the death of:

DETAILS OF DECEASED	
Surname	
Given names	
*Date of Birth/*Age (if known)	
Date of death/suspected death	
Place of death/suspected death	

Reasons for application:

*(attach additional pages if insufficient space)*

Signature of applicant:

Date: / /

**Please lodge this form with the relevant Coroners Court**

\*Delete if inapplicable