APPLICATION FOR RELEASE OF A DECEASED PERSON

DECEASED DETAILS  (Please Print Clearly)

<table>
<thead>
<tr>
<th>Coroner Case Number</th>
<th>Male</th>
<th>Female</th>
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Surname

Given Names

Date of Birth

Was the deceased of Aboriginal or Torres Strait Islander origin?

No ☐ Yes ☐ Aboriginal origin ☐ Torres Strait Islander origin ☐ (if yes, tick both)

APPLICANT DETAILS

Name: Miss / Ms / Mrs / Mr / other (please specify)

Address:

Telephone:

Relationship to deceased:

Date:

FUNERAL DIRECTOR DETAILS

This company has been authorised by the applicant to receive the deceased from the Coroners Court.

Company Name:

Telephone:

Sub-contractor Funeral Company details (if applicable):

Telephone:

OVERSEAS / REGIONAL REPATRIATION

Are the deceased’s remains to be repatriated overseas? YES ☐ NO ☐

Was the deceased’s natural residence in regional Victoria and is the deceased to be repatriated back to this region?

NO ☐ YES ☐ If yes, PLEASE CONTACT ST JOHN AMBULANCE VICTORIA ON 03 85712288 TO ARRANGE TRANSFER

FUNERAL DIRECTOR AUTHORISATION

The Funeral director MUST ensure that they have the authority of the applicant BEFORE submitting this form.

I am authorised by the applicant and I believe all the details provided in this form to be true and correct

Funeral Director: (Name)………………………………………. (Sign)………………………………………

NOTE: The spelling of the deceased’s name and DOB on this form will be used as the reference for the registration of death with the Registry of Births, Deaths and Marriages. Incorrect information may cause delays.