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APPLICATION FOR RELEASE OF A DECEASED PERSON

(Effective 09/2016)

DECEASED DETAILS (Please Print Clearly)

Coroner Case Number...../..... Male Female

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)

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

APPLICANT DETAILS

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

Address:
 Postcode.....

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).....