



**APPLICATION FOR ACCESS TO OR RELEASE OF SEIZED, TAKEN OR RECEIVED THING OR SAMPLE**

*Form 34 Rules 60(3) and 62(2)*  
*Section 114 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)	
Contact number(s)	
Postal address	
Email	

**DETAILS OF LEGAL REPRESENTATIVE (if applicable)**

Title ( <i>Mr, Mrs, Ms, Dr, etc.</i> )	
Surname	
Given name	
Firm / Position held	
Contact number(s)	
Postal address	
Email	

**\*DETAILS OF DECEASED (if applicable)**

Surname	
Given names	
*Date of Birth/*Age (if known)	

**\*DETAILS OF FIRE (if applicable)**

Location of fire	
Fire occurred *on/*about/*between	

**I request under section 114 of the Coroners Act 2008 that the following thing(s) or sample(s) be \*accessed by /\*released to:**

[name of person]

[list things]

*(attach additional pages if insufficient space)*

**Reason(s) for application:**

*(attach additional pages if insufficient space)*

**Signature of \*applicant/\*legal representative:**

**Date:**     /     /

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

\*Delete if inapplicable