Coroners Court of Victoria

APPLICATION FOR ACCESS TO
CORONIAL DOCUMENTS/TRANSCRIPT OF HEARING

Form 45 Rule 78(3)

DETAILS OF APPLICANT	
Title (*Mr, Mrs, Ms, Dr, etc.*)	
Surname	
Given name	
*Organisation	
*Agent	[**please attach a signed authority from the senior next of kin or interested party**]
*Relationship to deceased (if any)	
Postal address	
Contact number(s)	
Email	

*DETAILS OF DECEASED (if applicable)	
Surname	
Given names	
*Date of Birth/*Age (if known)	
* Date of Death (if known)	

*DETAILS OF FIRE (if applicable)	
Location of fire	
Fire occurred *on/*about/*between	

Details of documents sought:

Category of request

I am requesting the above documents as: (tick applicable box)

☐ an interested party claiming to have sufficient interest in the document

☐ a statutory body (for the purpose of exercising a statutory function)

☐ a member of the police force (for law enforcement purposes)

☐ a person who is conducting research approved by an appropriate human research ethics committee (attach supporting documents)

☐ the document is required for the public interest

☐ a person with sufficient interest

Reason(s) for application:

(attach additional pages if insufficient space)

Form of access: (tick applicable box)

☐ **I wish to inspect the document(s)**

☐ **I require a copy of the document(s)**

Confirmation

I confirm that all of the information provided in this form and supporting documents is to the best of my knowledge true and correct.

Acknowledgment

I acknowledge that my name may be disclosed to the deceased's senior next of kin (if the coroner considers it appropriate to do so), which may be necessary for my application to be processed.

Signature of applicant:

Date: /   /

Please lodge this form with the relevant Coroners Court

NOTE: The applicant may be required to pay processing charges in respect of the applicant's application. If so, a statement of charges will be provided to the applicant.

*Delete if inapplicable