**Statement of Identification**

Court Reference: .

Re:  . (deceased)

I, . (name)

residing at . postcode .

On the . day of . Year .

at . (place where identification was made e.g. Southbank, Hospital)

I identified the body of . (full name)

who formerly resided at . (address)

State . postcode .

\*His/Her date of birth was . and \*he/she was aged .

\*He/she was by occupation .

The deceased was my . (relationship)

I have known the deceased for . \*years/months.

Is the deceased of Aboriginal or Torres Strait Islander descent? .

\*delete if inapplicable

**PERSON MAKING IDENTIFICATION**

I believe the above information to be true and correct

 Signature: . Print Name: .

 Telephone: . Mobile: .

 Date: . Time: .

**Continues over page.**

**WITNESS**

 Signature: . Print Name: .

Organisation: . Position/Rank: .

Contact Number(s): .

 Date: . Time: .

**T: 1300 309 519 F: (03) 9682 1206 E: CAE@vifm.org** [**www.coronerscourt.vic.gov.au**](http://www.coronerscourt.vic.gov.au)