

Coroners Court of Victoria Statement of Identification

Court Reference:
Re: deceased)
I, . (name)
residing at postcode
On the 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?
PERSON MAKING IDENTIFICATION
I believe the above information to be true and correct
Signature: Print Name:
Telephone: Mobile:
Date: . Time: .
WITNESS
Signature: Print Name:
Organisation: Position/Rank: .
Contact Number(s):
Date: . Time: .
T: 1300 309 519 F: (03) 9682 1206 E: CAE@vifm.org <u>www.coronerscourt.vic.gov.au</u>