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| --- | --- |
| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| Application for Exhumation  **Form 20** Rule 47(1)Section 43 of the*Coroners Act 2008* | |
|  | |

# Form instructions

Completing the form

This form is to request information from the Coroner’s Court of Victoria. Please carefully follow the instructions below.

Ways of sending **the form** to the Coroner’s Court of Victoria

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mail form to this address  Coroners Court of Victoria 65 Kavanagh Street, Southbank, VIC 3056 Australia | OR | Icon  Description automatically generated with low confidence | Email  Scan completed form and email to [courtadmin@courts.vic.gov.au](mailto:courtadmin@courts.vic.gov.au)  or to specific team email address if known. |

Having trouble completing the form?

Please ring the court on 1300 309 519

|  |  |
| --- | --- |
| Court Reference Number | |
| **Add Court Reference number here if known** |  |

|  |  |  |
| --- | --- | --- |
| Details of applicant | |  |
| Title (Mr, Mrs, Ms, Dr, etc.) |  | |
| Surname \* |  | |
| Given name \* |  | |
| Organisation (if applicable) |  | |
| Email or postal address \* | Email Address |  |
| I do not have an email address.  Enter a postal address |  |
| Contact number |  | |
| Relationship to deceased \* |  | |

\* Mandatory fields

|  |
| --- |
| Details of legal representative (if applicable) |

|  |
| --- |
| In completing this section (Legal Representative) all requested documents will be released to the legal representative listed here |

|  |  |
| --- | --- |
| Title (Mr, Mrs, Ms, Dr, etc.) |  |
| Surname |  |
| Given name |  |
| Firm/Organisation (if applicable) |  |
| Position held |  |
| Email address |  |
| Postal address |  |
| Contact number |  |

#### I apply to the State Coroner for an authorisation of an exhumation of the body of

|  |  |  |
| --- | --- | --- |
| Details of deceased | |  |
| Surname \* |  | |
| Given name |  | |
| Also known as |  | |
| Date of birth (if known) e.g. 01/01/1970 |  | |
| Age (if known)  e.g. 50 years |  | |
| Date of death (if known)  e.g. 01/01/1970 |  | |
| Place of death (if known) e.g. Hospital, Suburb or Address |  | |
| Date of burial \*  e.g. 01/01/1970 |  | |
| Location of burial  Include the name of cemetery/place of interment; plot/grave; and where applicable, the position in the plot/grave. |  | |

\* Mandatory fields

|  |  |  |
| --- | --- | --- |
| Reasons for application | |  |
| Provide reasons here for the application \* | Insert the detail of reasons | |
| **Attaching further information**  Please include relevant information to support your request by attaching to email or including with posted application. If you are a legal representative, please include your authority to act. | | |

|  |  |
| --- | --- |
| Confirmation & acknowledgement |  |

|  |  |
| --- | --- |
| **Confirmation** I confirm all of the information provided in this form and supporting documents, is to the best of my knowledge, true and correct. | |
| **Acknowledgment** I acknowledge my name may be disclosed to the deceased’s senior next of kin (should the coroner considers it appropriate to do so), which may be necessary for my application to be processed. | |
| Signature of Applicant \* | Date of submission  …… /…… /………… |

\* Mandatory fields