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| A picture containing linedrawing, ceramic ware, porcelain  Description automatically generated |  |
| Request for Inquest into Death  **Form 26** Rule 52(1) of the *Coroners Court Rules 2019*  Section 52(5) 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** |  |

|  |  |  |
| --- | --- | --- |
| 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 |  | |

\* Mandatory fields

|  |  |  |
| --- | --- | --- |
| Reasons for application | |  |
| **Provide reasons here for the application \*** | I request that the Coroner hold an inquest into the death of... | |
| **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. | |
| **Signature of Applicant \*** | **Date of submission**  …… /…… /………… |

\* Mandatory fields