



Request for Inquest into Death

Form 26 Rule 52(1) of the *Coroners Court Rules 2019* Section 52(5) of the *Coroners Act 2008*

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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



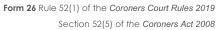


Email

Scan completed form and email to 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)	
n completing this section (Legal Representative) all requested documents will be released to the egal representative listed here	
ttle (Mr, Mrs, Ms, Dr, etc.)	Title (Mr, Mrs, Ms, Dr, etc.)
urname	Surname
iven name	Given name
irm/Organisation (if applicable)	Firm/Organisation (if applicable)
osition held	Position held
mail address	Email address
ostal address	Postal address
Contact number	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