VICTORIAN INSTITUTE OF FORENSIC MEDICINE

Coronial Admissions and Enquiries
The Victorian Institute of Forensic Medicine provides the 'Coronial Admissions and Enquiries' service on behalf of the Coroners Court of Victoria

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APPLICATION FOR RELEASE OF A DECEASED PERSON

NOTE: The spelling of the deceased's name and DOB on this form will be used as the reference for the registration of death with the Registry of Births, Deaths and Marriages. Incorrect information may cause delays

DECEASED DETAILS (Please Print Clearly)

Coroner Case Number……/…….

Male ☐ Female ☐ Other ☐……

Surname……

Given Names ……..

Date of Birth……/……../……..

Usual place of residence (suburb/town)……

Was the deceased of Aboriginal or Torres Strait Islander origin?

No ☐ Aboriginal origin ☐ Torres Strait Islander origin ☐ Aboriginal and Torres Strait islander ☐

APPLICANT DETAILS

Name: Miss / Ms / Mrs / Mr / other (please specify) ……

Address: ……..Postcode……

Telephone: ……

Relationship to deceased……..Date: ……/……/……

FUNERAL DIRECTOR DETAILS

This company has been authorised by the applicant to receive the deceased from the Coroners Court.

Company Name……

Telephone……

Sub-contractor Funeral Company details (if applicable)……

Telephone……

OVERSEAS / REGIONAL REPATRIATION

Are the deceased's remains to be repatriated overseas? YES ☐ NO ☐

Was the deceased's usual place of residence in regional Victoria and did the death occur in regional Victoria?

NO ☐ YES ☐ **If yes, PLEASE CONTACT ST JOHN AMBULANCE (SJA) ON 03 8571 2200 TO ARRANGE TRANSFER**

Please Note: That SJA are only contracted to repatriate deceased persons from the Southbank coronial mortuary to Regional Victoria if the deceased person's usual place of residence was in Regional Victoria. If you have any questions please contact the Coronial Admissions and Enquiries 1300309519

FUNERAL DIRECTOR AUTHORISATION

The Funeral director MUST ensure that they have the authority of the applicant BEFORE submitting this form.

I am authorised by the applicant and I believe all the details provided in this form to be true and correct

Funeral Director: (Name)…… (Sign)……