



REQUEST FOR INQUEST INTO DEATH

Form 26 Rule 52(1)

Section 52(5) of the **Coroners Act 2008**

DETAILS OF APPLICANT

Title (<i>Mr, Mrs, Ms, Dr, etc.</i>)	
Surname	
Given name	
Organisation (if applicable)	
Relationship to deceased (if any)	
Postal address	
Email	

I request that the Coroner hold an inquest into the death of:

DETAILS OF DECEASED

Surname	
Given names	
*Date of Birth/*Age (if known)	
Date of death/suspected death	
Place of death/suspected death	

Reasons for application:

(attach additional pages if insufficient space)

Signature of applicant:

Date: / /

Please lodge this form with the relevant Coroners Court

*Delete if inapplicable