



Request to Investigate Fire

Form 16 Rule 42(1)

Sections 30 and 31 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



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](tel:1300309519)

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) *	<input type="checkbox"/> Country Fire Authority	
	<input type="checkbox"/> Metropolitan Fire and Emergency Services Board	
	<input type="checkbox"/> Other Please specify	
Email or postal address *	<input type="checkbox"/> Email Address	
	<input type="checkbox"/> I do not have an email address. Enter a postal address	
DX address (if applicable)		
Contact number		
Relationship to deceased (if any)		

* 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	
DX address (if applicable)	
Contact number	



Details of fire (if applicable)	
Location of fire *	
Date of fire (if known) e.g. 01/01/1970	
The above date is	<input type="checkbox"/> The exact date <input type="checkbox"/> An approximate date

Reasons for application	
Provide reasons here for the application *	Insert the detail of reasons
<p>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.</p>	

* Mandatory fields



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