



Application for Exhumation

Form 20 Rule 47(1)
Section 43 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)

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	



I apply to the State Coroner for an authorisation of an exhumation of the body of

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	
Date of burial * e.g. 01/01/1970	
Location of burial Include the name of cemetery/place of interment; plot/grave; and where applicable, the position in the plot/grave.	

* Mandatory fields

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

Confirmation & acknowledgement	
<p>Confirmation I confirm all of the information provided in this form and supporting documents, is to the best of my knowledge, true and correct.</p>	
<p>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.</p>	
<p>Signature of Applicant *</p>	<p>Date of submission /..... /.....</p>

* Mandatory fields