

Request for Coronial Information

1. DETAILS OF REQUESTER

Full name:

Relationship to deceased:

Reason for request:

Email:

Address:

Tel:

2. DETAILS OF DECEASED

Full names:

Coronial File No:

(if known)

Known by any other name:

Date of birth:

Date of death:

3A. INFORMATION REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Coroner's findings | <input type="checkbox"/> Post-mortem report* |
| <input type="checkbox"/> Notice inquiry has been opened | <input type="checkbox"/> Toxicology report* |
| <input type="checkbox"/> Registration of death | <input type="checkbox"/> Medical reports* |
| <input type="checkbox"/> Police documents (notebooks, job sheets) | <input type="checkbox"/> Patient notes* |
| <input type="checkbox"/> Crash/investigative reports | <input type="checkbox"/> Graphic photographs* |
| <input type="checkbox"/> Witness statements | <input type="checkbox"/> Suicide note/s* |
| <input type="checkbox"/> Scene photographs | <input type="checkbox"/> Single document _____ |
| <input type="checkbox"/> Inquest transcript (subject to Chief Coroner approval) | |

***Medical information is generally only released to immediate family**



3C. RELATIONSHIP VERIFICATION

With this form I have attached:	AND	This document shows my relationship to the deceased:
<input type="checkbox"/> Passport		<input type="checkbox"/> Birth certificate
<input type="checkbox"/> Driver's licence		<input type="checkbox"/> Marriage certificate
<input type="checkbox"/> Other photo ID: _____		<input type="checkbox"/> Other verifying document: _____

If you do not supply relationship verification at the same time as this form, we will release the same information as we would to a member of the public. This is because we must keep to the 20-day legislative timeframe.

Please indicate your preferred method of receiving this information:

☐ Email ☐ Courier

- Please note that information on the case file, including the documents you request, is subject to a vetting process. In accordance with the Official Information Act 1982, the Privacy Act 2020 or the Coroners Act 2006, it may be necessary to withhold certain information. You will be notified of the reasons why.
- The completed form and any supporting documents should be mailed to:
Coronial Information, Specialists Courts, DX: SX 11166, or Level 6, Wellington District Court, 43-49 Balance Street, Wellington 6011, or emailed to coronial.information@justice.govt.nz