

IRF-2 Request for Coronial Information

1.DETAILSOFREQUESTER		
Full name:		
Relationship to deceased:		
Peacen for requests		
Reason for request:		
Email:		
Address:		
Tel:		
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2.DETAILSOFDECEASED	Coronial File No:	
Full names:		
	(if known)	
Known by any other name:		
Date of birth:	Date of death:	
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3A:INFORMATIONREQUESTED(GENERAL)		
The following documents may be requested by any member of the public:		
(Please tick the appropriate box)		
Coroner's findings Crash	/ Other Investigation Reports	
☐ Witness statements ☐ Inques	Inquest Transcript (if available will require	
coroner's approval prior to release)		
Other Police documents (such as job sheets, police statements, etc)		
sneets, ponce statements, etc/		



3B:INFORMATIONREQUESTED(RESTRIC	CTED)	
The following documents may only be requested by an *immediate family member or their authorised representative: (Please tick the appropriate box)		
Post-mortem report	Patient Notes	
☐ Toxicology report	Photographs	
☐ Medical reports	Suicide notes/documents	
 * Immediate family as per section 9(b) of the Coroners Act 2006 includes persons whose relationship to the dead person is, or is through 1 or more relationships that are, or those of- Spouse, civil union partner, or de facto partner of the dead person: Child, parent, guardian, grandparent, brother, or sister of the dead person; Stepchild, stepparent, stepbrother, or stepsister of the dead person 		
3C:IDENTITYANDRELATIONSHIPVERIFI		
 As an immediate family member, you <u>must</u> provide the following information: Proof of your relationship to the deceased (i.e. birth/death/marriage certificate/probate etc); Proof of your identity (i.e. a copy of your passport or driver's licence) 		
If you are a representative or acting on behalf of the deceased's family, you must provide:		
Proof of your identity (i.e. a copy of your passport or driver's licence)		
Authorisation letter		
Complete Section 4		
4:DECLARATIONBYREPRESENTATIVE		
I am a <u>duly authorised representative</u> of the deceased, and can lawfully consent to the		
 disclosure of information about the deceased; and I declare that the information I have provided in this form is correct. 		
Signed:	Date:	
Please indicate your preferred method of receiving this information:		
Email	Courier	
 The completed form and any supporting documents should be mailed to: Coronial Information, Specialists Courts, DX: SX 11159, or Level 1, 86 Customhouse Quay, Wellington 6011, or emailed to coronial.information@justice.govt.nz 		
If you have any enquiries either email us at coronial.information@justice.govt.nz or		

contact the Information Advisor at 04 918 8332/04 466 2786