

IRF-2 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 (GENERAL)

The following documents may be requested by any member of the public:
(Please tick the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Coroner's findings | <input type="checkbox"/> Crash / Other Investigation Reports |
| <input type="checkbox"/> Witness statements | <input type="checkbox"/> Inquest Transcript <i>(if available will require coroner's approval prior to release)</i> |
| <input type="checkbox"/> Other Police documents <i>(such as job sheets, police statements, etc)</i> | |

3B: INFORMATION REQUESTED (RESTRICTED)

The following documents may only be requested by an *immediate family member or their authorised representative: *(Please tick the appropriate box)*

- | | |
|--|---|
| <input type="checkbox"/> Post-mortem report | <input type="checkbox"/> Patient Notes |
| <input type="checkbox"/> Toxicology report | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> 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-

- (i) Spouse, civil union partner, or de facto partner of the dead person;
- (ii) Child, parent, guardian, grandparent, brother, or sister of the dead person;
- (iii) Stepchild, stepparent, stepbrother, or stepsister of the dead person

3C: IDENTITY AND RELATIONSHIP VERIFICATION

As an immediate family member, you **must** 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: DECLARATION BY REPRESENTATIVE

- I am a duly authorised representative 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:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> 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 1072