



Request for Coronial Information - Authorisation to Access Information (IRF-3)

This form must be completed by an immediate family member or a representative of the deceased, authorising the requester to access information, other than the findings, witness statements or depositions

DETAILS OF DECEASED	
Full names:	Coronial File No:
Date of birth:	Date of death:

DETAILS OF REQUESTER
Full names:
Address:
Reason for request:

DETAILS OF IMMEDIATE FAMILY MEMBER OR REPRESENTATIVE
Full names:
Date of birth:
Address:
Relationship to deceased: (Immediate family member/lawyer/executor of will, etc)

- Please attach proof of your relationship with the deceased person, e.g. a birth certificate.
- Please attach proof of identity e.g. a copy of your passport or drivers licence.

DECLARATION BY IMMEDIATE FAMILY MEMBER OR REPRESENTATIVE	
<ul style="list-style-type: none">• I agree that the Ministry of Justice may release the information held on the coronial case file to the requester.• I am an <u>immediate family member / duly authorised representative</u> of the deceased, and can lawfully consent to the disclosure of information about the deceased.• I declare that the information I have provided in this form is correct.	
Signed:	Date:
Email:	Tel:

** For more information contact the Business Services Unit at:

Tel: 04 918 8332

Email: coronial.information@justice.govt.nz