



Request for Coronial Information - Validation of Identity and Relationship (IRF-4)

Please complete this form if you wish to request any of the following documents: Post-Mortem report, any medical reports, patient notes, toxicology report, photographs of the deceased, or suicide note

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

DETAILS OF REQUESTER
Full names:
Date of birth:
Postal Address:
Relationship to deceased:

- Please attach proof of your relationship with the deceased, e.g. a birth certificate. Alternatively attach an authorisation form (**IRF-3**) signed by an immediate family member or a representative of the deceased.
- Please attach proof of identity e.g. a copy of your passport or drivers licence.

DECLARATION BY REQUESTER	
I declare that the information I have provided in this form is correct:	
Signed:	Date:
Email:	Tel No:

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

Tel: 04 918 8332

Email: coronial.information@justice.govt.nz