



# Objection to post mortem

## Step 1 Give us your details

Full name \_\_\_\_\_

Contact phone numbers \_\_\_\_\_

Email \_\_\_\_\_

My relationship to the person who died is \_\_\_\_\_

## Step 2 Give us the details of the person who died

Full name of person who died \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

## Step 3 Tell us why you object to the post mortem

What do you object to? \_\_\_\_\_

\_\_\_\_\_

What are your reasons for objecting (such as cultural, spiritual, religious)? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office use only**

Date objection lodged

Form of objection  Phone  Written

Date and time applicant advised of coroner's decision

**Coroner's use only**

Coroner's decision

Date

Coroner's name