



IRF-3 Request for Coronial Information: Review Committee/Government Agency

Please complete the form and indicate which documents you would like us to make available to you

DETAILS OF DECEASED	
Full names:	Coronial File No: (if known)
Date of birth:	Date of death:

DETAILS OF REQUESTER	
Full names:	Review Committee/Agency:
Tel:	Email:
Address:	

INFORMATION REQUESTED	
<i>Please make a tick in the appropriate box:</i>	
<input type="checkbox"/> Coroner's findings <input type="checkbox"/> Witness statements <input type="checkbox"/> Inquest Transcript <input type="checkbox"/> Other Police documents (such as job sheets, police statements, etc) <input type="checkbox"/> Post mortem report <input type="checkbox"/> Toxicology report	<input type="checkbox"/> Medical report <input type="checkbox"/> Patient notes <input type="checkbox"/> Crash / Other Investigation reports <input type="checkbox"/> Photographs <input type="checkbox"/> Suicide note(s) <input type="checkbox"/> Complete file
Comments: <input type="checkbox"/>	

** Requester's preferred method of delivery:

Email Mail Courier

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