Tel. No. : 3916 6210 / 3916 6211 / 3916 6204
Fax No. : 2568 1735

Coroner's Court

Application for copy of Death Investigation Report

To Coroner,

Re: CCMA/CCDI _____

Deceased: _____

I / We (Name) _____

of (full postal address) _____

_____

_____ ,

(HKID No.) _____ and (Tel. No.) _____ ,

(Relationship) _____

of the deceased, ask Your Worship to provide copy of Death Investigation Report of the above-said deceased for the following reasons:

_____

_____

_____

_____

Applicant _____ (Signature)

(Name) _____

Date _____

(Note: Please provide with authorization letter if you are not the deceased's family member.)