

Tel. No. : 2886 6611/ 2886 6804/ 2886 6871
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Coroner's Court

Application for copy of Autopsy 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 Autopsy 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.)