

Tel. No. : 2886 6611/ 2886 6804/ 2886 6871  
Fax No. : 2568 1735

## Coroner's Court

### Application for copies of Full Transcript / Summing-up

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 copies of Full Transcript / Summing-up of the above-said case for the following reasons :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant \_\_\_\_\_ (Signature)

(Name) \_\_\_\_\_

Date \_\_\_\_\_

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