

Tel. No.: 3916 6207 / 3916 6204

Fax No.: 2568 1735

**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.)