

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.)