

Tel. No.: 3916 6205 / 3916 6206 / 3916 6207 / 3916 6204
Fax No.: 2568 1735

Burial/Cremation Order No.:
CCMA

Application for Certificate of the Fact of Death

Chinese version / English version (Delete where inappropriate)

To Coroner, Hong Kong,

I / We, _____

Hong Kong Identity Card / Passport No.: _____

of (full postal address): _____

Contact Telephone No.: _____

With / Without SMS Message

Relationship with the Deceased: _____

(on behalf of _____)

hereby apply a Certificate of the Fact of Death in respect of the below-described deceased:-

Name: _____

Sex: Male / Female _____

Age: _____

Date of Birth: _____

Hong Kong Identity Card / Passport No.: _____

Address: _____

who died at (or whose body was found at) _____

Application for the said certificate with the following reasons: _____

(Signature) _____

Name of Applicant _____

Date _____

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