

Tel. No. : 3916 6210 / 3916 6211 / 3916 6204  
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.)