

Tel. No.: 3916 6210 / 3916 6211 / 3916 6204
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Coroner's Court

Application for List of Witnesses and their Statements or Reports

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 List of Witnesses and their Statements or Reports 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.)