CORONER'S COURT
FALKLAND ISLANDS

REQUEST TO THE CORONER FOR PERMISSION TO REMOVE A BODY FROM JURISDICTION

Applicant's details	
Full name	
Company name *(if applicable)*	
Address	
Telephone	
Email address	
Who has instructed you to arrange the repatriation? *(if applicable)*	☐ Next of kin
	☐ Other (please specify):
If you're making this application on behalf of someone other than the next of kin, have you seen consent from the next of kin to this repatriation?	☐ No
	☐ Yes (please enclose a copy with your application)

Details of the Deceased	
Full name	
Date of birth	
Date of death	
Place of death	
Nationality	
Passport number (please provide a copy of passport)	
Residential address at death	
Has the death been registered?	☐ Yes (please supply a copy of the death certificate)
	☐ No

Applicant - the applicant is the person who will be arranging the repatriation.

Address - if the applicant is an individual, this should be a personal address. If the applicant is a company, the address should be the company address.

Details of the Deceased (continued)		
If the death has not been registered, are the ongoing inquiries into the circumstances of the death?	☐	Yes
	☐	No
Details of Repatriation		
Where is the deceased being repatriated to?		
What is the route of travel?		
Proposed dates of travel		
Is the deceased to be	☐	Buried
	☐	Cremated

Route of travel - please include details of all countries the deceased will travel through to be repatriated.

CHECKLIST

Before filing your application with the court, please ensure you have included the following documents where applicable.

Attach Files

☐	A Certificate of Death or a Coroner's Interim Certificate of the Fact of Death
☐	A copy of the deceased's passport
☐	Consent from the Next of Kin to the Repatriation
Please list any other documents you have included with your application below:	
☐	
☐	

I believe that the facts states in this application are true.

Print full name	
Signature	
Position or office held *(if signing on behalf of firm or company)*	
Dated	

Submit Form