CORONER'S COURT
FALKLAND ISLANDS

REQUEST TO THE CORONER FOR THE RELEASE OF EVIDENCE

Applicant's details	
Full name	
Company name *(if applicable)*	
Address	
Telephone	
Email address	
Who has instructed you to make the application? *(if applicable)*	☐ Next of kin ☐ Other (please specify):

Details of the Deceased	
Full name	
Date of birth	
Date of death	
Place of death	
Nationality	
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 is requesting the release of items.

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

Items requested for release

I have been informed that HM Coroner for the Falkland Islands holds the items listed below as evidence into an inquiry into the above named deceased's death. I request these items be released to me:

Items - please detail individual items, do not use generic terms such as 'personal effects'. Continue on a separate page if necessary.

I understand that HM Coroner may only release items if their retention is no longer considered necessary for the purpose of the inquiry into the death of the above named deceased or any other legal proceedings.

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