

FORM 15
Version 2
QUEENSLAND
CORONERS ACT 2003
(Section 30(1) and Section 30(2))
APPLICATION TO CORONER TO HOLD AN INQUEST

I, _____
(insert name of person making the application)

of: _____
(insert address of person making the application)

state:

1. My relationship to the deceased is: *(if applicable – under section 30 of the Coroners Act 2003 any person may apply for an inquest to be held)*

2. I now apply for an inquest into the death of: _____
(insert name of deceased)

Details about the deceased			
Surname:		First name:	
Residential Street Address <i>(if known)</i> : _____			
Date of Birth <i>(if known)</i> : _____			
Date of death:		Place of death:	

3. **Reasons for the application:**

(Insert reasons why it is in the public interest for an inquest to be held)

Name of person making the application: _____
(please print)

Address of person making the application: _____
(please print)

Phone no of person making the application: _____

Date of application: _____

Signature of person making the application: _____

Date application received by coroner: _____

Note: *The Coroner must decide the application within 6 months of receiving the application for an inquest or such longer period the coroner considers necessary to obtain information relevant for making the decision.*