

FORM 16
Version 2
QUEENSLAND
CORONERS ACT 2003
(Section 30(4))

APPLICATION TO THE STATE CORONER FOR AN ORDER TO HOLD AN INQUEST

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

of: _____
(print 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. On _____ I applied for an inquest to be held into the death of:
(print date of original application)

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

3. On _____ I received written reasons from:
(insert date that written reasons received)

_____ of his/her decision not to hold an inquest into the death.
(print name of coroner)

4. I now apply for an order by you that an inquest be held.

Reasons for the application:

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

5. Copies of the following documents are attached: (attach copies of both documents if possible)

- application that an inquest be held.
- written reasons of coroner.

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: _____

Note: This application must be made within 14 days after the applicant received the written reasons for the coroner's decision (section 30(5) of the Coroners Act 2003).