

Coroners Act 1997—Form 1

(see s 16)

Coroners certificate

Full name of deceased:

Usual place of residence of deceased:

I certify that the death of the deceased was reported to me on the
day of 20 .

I am satisfied that there is no reason why the body of the deceased should
not be buried, cremated or taken out of the Territory for burial or
cremation.

Dated 20 .

Coroner