

Form 1 Coroners certificate

Coroners Act 1997

(see s 15 (Control and release of body of deceased))

In the Coroners Court of the Australian Capital Territory

No CD of (year) (*Court to complete*)

Details of deceased

Name:

Usual place of residence:

Authority

I certify that the death of the deceased was reported to a Coroner on (*insert date*).

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

I authorise the release of the body of the deceased.

Date:

(*signature of Coroner*)

(*name of Coroner*)