



**Office of the Chief Coroner
REQUEST FOR INFORMATION FORM**

To: OFFICE OF THE CHIEF CORONER
Box 1320
Yellowknife, NT
X1A 2L9

Tel: 867-767-9251
Fax: 867-873-0426
e-mail: coroner@gov.nt.ca

Details of Requested Information (Please Print)

Full name of deceased: _____ Date of Birth: _____

Place of Death: _____ Date of Death: _____

Your relationship to deceased: _____

- Report of Coroner
- Final Autopsy Report
- Toxicology Report

Applicant Information (Please Print)

Date: _____

Name: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Telephone: _____ Fax: _____

Signature _____