|  |  |  |
| --- | --- | --- |
| Re: | enter name | deceased. |
| Dans l’affaire de : |  | décédé(e). |

|  |  |
| --- | --- |
| To: |  |
| Destinataire : | enter text |

|  |  |  |
| --- | --- | --- |
| I | Dr. enter text | am the Coroner Investigating the Death(s) of / suis le coroner d’enquêter sur le ou les décès de |
| Je soussigné | (Name / Nom) |

enter name who died on / décédé(e)(s) le enter date of death.

As a result of information that has been supplied to me, I have reasonable and probable grounds to believe that the following items / things are necessary for the purpose of the investigation: / Sur la foi des renseignements qui m’ont été fournis, j’ai des motifs raisonnables de croire que j’ai besoin des articles/choses qui suivent pour mener mon enquête :

Documents List: enter list

Accordingly, by the authority granted to me under the Coroners Act, I direct you to release the above items to: / En vertu du pouvoir qui m’est conféré par la Loi sur les coroners, je vous ordonne de remettre les articles susmentionnés à:

|  |  |  |
| --- | --- | --- |
| Release to: | enter text |  |
| Details of Destination: enter text | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dated this | day | of | month |  | year | at | enter text | |
| Fait le | (Day / Jour) | jour du | (Month / Mois) |  | (Year / Année) | à | (Location / Lieu) | |
| |  | | --- | | coroner full name  dd/mm/yyyy  Coroner’s Authorization / Autorisation du coroner | | | | | | | | |
| Office: work number  Cell: phone number  Fax No. / Téléc. No: enter text  Other: email address | | | | | | | |