



**Coroner's Request**  
(v.1, 2023)

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Death (MM/DD/YYYY): \_\_\_\_\_ Medicare Number: \_\_\_\_\_

**Coroner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Region of Responsibility: \_\_\_\_\_

I hereby certify that I have reasonable and probable grounds to believe that the information specified below is relevant to my investigation of the above-noted individual's death. I therefore request the following under my authority pursuant to the *Coroner's Act (RSNB 1973, c C-23)*:

Ambulance New Brunswick patient record(s)

Date, location, transport details, if known: \_\_\_\_\_

Extra-Mural Program patient records

Date Range (MM/DD/YYYY - MM/DD/YYYY): \_\_\_\_\_

NB Health Link patient records

Date Range (MM/DD/YYYY - MM/DD/YYYY): \_\_\_\_\_

**Please indicate where you would like the information sent:**

Address above  Fax number above  Email address above

Other address or fax number (please indicate below):

\_\_\_\_\_