



# STATE CORONER'S COURT

State Coroner's Court  
302 King William Street  
Adelaide SA 5000

Telephone: (08) 8204 0618  
Facsimile: (08) 8204 0633  
E-mail: CAAPMReportofDeathCAA@courts.sa.gov.au

## NOTIFICATION OF NEXT OF KIN

*This form should be completed, signed and faxed to the State Coroner's Court only  
when you have been formally contracted to arrange the funeral for deceased*

**NOTE:** The spelling of the deceased's name and DOB on this form will be used as the reference for the registration of death with the Registrar of Births, Deaths and Marriages. **\*\*\*Incorrect information may cause delays\*\*\*.**

FUNERAL COMPANY .....  
(company name)  
PHONE NUMBER .....  
(including area code)  
FAX NUMBER .....  
(including area code)  
EMAIL ADDRESS .....

NAME OF DECEASED Given Name(s) .....  
(as per death registration,  
including all middle names) Surname .....

RESIDENTIAL ADDRESS Nursing Home Name.....  
(not PO Box) (if applicable)  
Address .....

Suburb ..... State SA P/C .....

PLACE OF DEATH Address.....

DATE OF BIRTH ..... DATE OF DEATH .....  
(DD/MM/YYYY) (DD/MM/YYYY)

### DETAILS OF NEXT OF KIN (NOK)

(NOK must be the closest blood relative of the deceased, not a friend, Public Trustee or carer. If listing a child over 18 of the deceased please list the eldest child)

NAME .....

POSTAL ADDRESS .....  
(including PO Box)

Suburb ..... State SA P/C .....

TELEPHONE Home ..... Mobile .....  
(including area code)

RELATIONSHIP TO DECEASED .....

### FUNERAL CONSULTANT:

Name ..... Date .....

Signature .....