



**Coroner for Birmingham and Solihull**

**APPLICATION FOR REMOVAL OF A BODY OUT OF THE COUNTRY**

<b>NAME OF DECEASED:</b>	
<b>Date of Birth:</b>	
<b>Date of Death:</b>	
<b>Place of Death:</b>	
<b>Where the body is now Lying?</b>	
<b>Home Address:</b>	
<b>Passport – Country where issued and No:</b>	
<b>NEXT OF KIN: Name:</b>  <b>Address:</b>  <b>Telephone No:</b>  <b>Relationship to the Deceased</b>  <b>Passport – Country where issued and No:</b>	



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<b>FUNERAL DIRECTORS:</b>	
<b>Representative:</b>	<b>Mohammed Khalil</b>
<b>Name of Firm:</b>	<b><u>ZUQ Funeral Services</u></b>
<b>Address:</b>	<b>216 St Saviours Road, Alum Rock, Birmingham, B8 1ER.</b>
<b>Telephone No:</b>	<b>07772395416 (main) 0121 326 7521</b>
<b>FLIGHT DETAILS</b>	
<b>Airport:</b>	
<b>Air Line:</b>	
<b>Date of Departure:</b>	
<b>Flight No:</b>	
<b>Flight Destination:</b>	
<b>Final Destination:</b>	



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**DETAILS RELATING TO THE DEATH:**

**Has the death been registered by the Registrar of**

**Births, Death and Marriages:**

**YES/NO**

**Cause of Death:**

**1a**

**1b**

**1c**

**2**

**The Doctor who Certified the Death:**

**The Doctor's Address:**

**Telephone No:**

**Fax No:**

**DETAILS OF OTHER PERSONS(S) ATTENDING TO MAKE THIS REQUEST:**

**First Person –**

**Name:**

**Address:**

**Telephone No:**

**Reason for attending:**

**Second Person –**

**Name:**

**Address:**

**Telephone No:**

**Fax No:**

**Reason for attending:**