

Form 30A  
**QUEENSLAND  
CORONERS ACT 2003**  
(Section 19)  
**CORONIAL CERTIFICATE**  
*Please print clearly, using BLOCK letters*

<b>Office Use Only</b>	
TB:	<input type="checkbox"/>
Date Rec:	.....
District Code:	.....
Registration No:	.....

TO: The Registrar-General, Brisbane

**Part A – to be completed by a registered doctor.**

I, \_\_\_\_\_, a registered Doctor: certify that \_\_\_\_\_  
(full name of deceased)  
was aged: \_\_\_\_\_ and born on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ sex: \_\_\_\_\_ and I believe that they died on:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ (place).

**In my opinion, the probable cause of death is:**

**Disease or condition directly leading to death:** (This means the final disease or condition which caused death – NOT the mode of dying such as heart failure, respiratory failure etc, UNLESS explained in Antecedent Causes below.) 1(a)

**Antecedent Causes** – morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

1(b)  
1(c)  
1(d)  
1(e)

due to

due to

due to

due to

**Other Significant Conditions** – contributing to the death, but not related to the underlying cause given in Part 1. 2

Does the body of the deceased pose a cremation risk under the *Cremations Act 2003*?  No  Yes \_\_\_\_\_  
(specify, eg pacemaker)

Does the body of the deceased pose an infection risk if transported/handled using standard infection control measures  No  Yes  
 unable to advise.

Was the deceased of Aboriginal or Torres Strait Islander origin? (If of both Aboriginal and Torres Strait Islander origin, tick both “yes” boxes.)

No

Yes, Aboriginal origin

Yes, Torres Strait Islander origin

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials and Surname: \_\_\_\_\_

Professional qualification(s) \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part B – to be completed by coroner.**

An autopsy was not necessary for the investigation of this death.

Pursuant to section 26(1)(c) of the *Births, Deaths and Marriages Registration Act 2003* I find that the above-named deceased died as set out in Part A:

Name of person making the order: \_\_\_\_\_  
(Coroner Name, Coroner Title)

Signature of person making order: \_\_\_\_\_

Date of order: \_\_\_\_\_

**Notes**  
For neonatal deaths, a Form 30B must be used.  
The form must be sent to:  
[BDM.Death@justice.qld.gov.au](mailto:BDM.Death@justice.qld.gov.au), or  
The Registrar-General  
Registry of Births, Deaths and Marriages  
PO Box 15188  
CITY EAST QLD 4002