

Form 27  
 QUEENSLAND  
**CORONERS ACT 2003**  
 (Section 26(2)(a))

**ADVICE TO DOCTOR WHETHER DEATH A REPORTABLE DEATH**

I, \_\_\_\_\_  
 (print name of coroner)

- State Coroner
- Deputy State Coroner
- Coroner

state

1. I have been contacted by: \_\_\_\_\_  
 (print name of doctor)

of: \_\_\_\_\_  
 \_\_\_\_\_  
 (print doctor's business address, eg, name and address of medical practice / name and address of hospital)

telephone: \_\_\_\_\_ about the following death.  
 (print telephone details)

2. <b>Details about the deceased/ suspected deceased</b> (complete known details)			
Surname:	_____	First Name:	_____
Residential Street Address:	_____		
Residential Suburb:	_____	Residential Postcode:	_____
Date of birth:	_____	Age of deceased:	_____
Date of death/ suspected death:	_____	Place of death/ suspected death:	_____
Circumstances of death (print details about the death):			
_____ _____ _____			

3. I determine that the death  is /  is not (tick whichever applies) a reportable death under the *Coroners Act 2003* because:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (print reasons for decision)

Date of decision: \_\_\_\_\_

Signature of coroner making the decision: \_\_\_\_\_