|  |
| --- |
| **Office Use Only** |
| **TB:** | ⬜ |
| **Date Rec:** |  |
| **District Code:** |  |
| **Registration No:** |  |

Form 30B

QUEENSLAND

*CORONERS ACT 2003*

*(Section 19)*

CORONIAL CERTIFICATE– NEONATE\*

***Please print clearly, using BLOCK letters***

**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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of death** \_\_\_\_\_\_\_\_\_\_\_

*(place of death)*

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

|  |  |  |
| --- | --- | --- |
| **Main disease or condition in neonate** | **1**(a) |  |
|  |  |
| **Other diseases or conditions in neonate** | **1**(b) |  |
|  |  |  |
| **Main maternal disease affecting neonate** | **1**(c) |  |
| **Other maternal diseases or conditions affecting neonate** |  |  |
| **1**(d) |  |
|  |  |
|  | **1**(e) |  |
| **Other relevant circumstances**  | **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 died as set out in Part A:**

**Name of person making the order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Coroner Name, Coroner Title) (of person making order)*

**Date of order: \_\_\_ /\_\_\_ / \_\_\_\_\_**

***Notes***

The form must be sent to:

BDM.Death@justice.qld.gov.au, or

The Registrar-General

Registry of Births, Deaths and Marriages

PO Box 15188

CITY EAST QLD 4002