

File number:
[CCMSNumber]
Deceased name:
[FullName]

Form 20B

Version 4

Coroners Act 2003 (sections 45, 51 and 97(2))

Coroner's findings – suspected death and notice of completion of coronial investigation

I have investigated the death of:

Name:
[FullName]

Address:
[Address]

Date of birth: [BirthDate] Age: [Age]

Gender: ☐ Male ☐ Female

☐ I am unable to find that the person is dead for the following reasons:

OR

☐ I find that the person is dead and I further find:

This is how the person died (provide narrative of circumstances of death):

[HowThePersonDied]

This is when the person died:

[WhenThePersonDied]

This is where the person died (where possible this must include whether the person died in Queensland):

[WhereThePersonDied]

This is what caused the person to die (this will usually be the medical cause of death):

[CoronerWhatCausedThePersonDie]

An inquest was not held in relation to this death.

☐ I advise that any property obtained in connection with this investigation is no longer required.

OR

☐ I make the following directions in relation to the disposal of property obtained in connection with this investigation:

Name:

[CoronerName]

☐ State Coroner

☐ Deputy State Coroner

☐ Coroner

Signature:

Date:

Place:

[CourtLocation]