

Form 30
QUEENSLAND
CORONERS ACT 2003
(Section 24A(3))
AUTOPSY CERTIFICATE
Please print clearly, using BLOCK letters

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

TO: The Registrar-General, Brisbane

On ____ / ____ / ____ by order of: _____ Coroner,
(name of Coroner making order)

an autopsy was conducted by me (or by Dr.: _____, who is
unable to complete the certificate) on the body of a Male Female aged _____ date of birth
(if known) ____ / ____ / ____ named _____ who is stated
to have died at _____ *(if known)* and in my opinion
the date of death was: ____ / ____ / ____ and the **cause of death** was:

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) _____ due to _____
- 1(b) _____ due to _____
- 1(c) _____ due to _____
- 1(d) _____ due to _____
- 1(e) _____ due to _____
- 2 _____

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

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

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: _____

Notes for doctors who complete this form

1. This form is to be completed once the doctor has determined the cause of death or finally decides that he/she can not determine the cause of death. This may happen immediately after the autopsy or after the doctor has received certain test results.
2. If after the autopsy the doctor can not determine the cause of death because he/ she is awaiting test results or other information a Form 29 (Autopsy Notice) has to be completed and sent to the Registrar-General. Once the test results or other information is received the autopsy certificate must be completed.
3. The form must be sent to:
The Registrar-General
Registry of Births, Deaths and Marriages
PO Box 188
Brisbane Albert Street QLD 4002