

Form 30A
**QUEENSLAND
CORONERS ACT 2003**
(Section 19)
CORONIAL 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

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: **M** **F** **Other** (*circle one*) and I believe that he / she / other 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: _____

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, or
The Registrar-General
Registry of Births, Deaths and Marriages
PO Box 15188
CITY EAST QLD 4002