

Form 30B  
**QUEENSLAND**  
**CORONERS ACT 2003**  
*(Section 19)*  
**CORONIAL CERTIFICATE- NEONATE\***  
*Please print clearly, using BLOCK letters*

<b>Office Use Only</b>	
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** *(circle one)* and I believe that they died on:  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ *(place)*. Time of birth \_\_\_\_\_ Time 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:** \_\_\_\_\_

**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 of person making order:** \_\_\_\_\_  
*(Coroner Name, Coroner Title)*

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

**Notes**

The form must be sent to:  
[BDM.Death@justice.qld.gov.au](mailto:BDM.Death@justice.qld.gov.au), or  
 The Registrar-General  
 Registry of Births, Deaths and Marriages  
 PO Box 188  
 Brisbane Albert Street QLD 4002