

# Queensland cause of death certificate (and perinatal supplement) form

**Queensland Government**  
Department of Justice and Attorney-General

Form 9  
Births, Deaths and Marriages Registration Act 2003 (Section 30)

**CAUSE OF DEATH CERTIFICATE**  
Please print clearly, using **BLOCK** letters  
To the Registrar-General, Brisbane

**Office Use Only**

TB:

Date Rec: \_\_\_\_\_

District Code: \_\_\_\_\_

Registration No: \_\_\_\_\_

(Note: This certificate shall not be given without authorisation of the Coroner in relation to a reportable death. This certificate must also be completed for a stillborn child (see Note below). If particulars are unknown, write "UNKNOWN". All items marked with an asterisk (\*) are for statistical or administrative purposes only and will not appear in the Register of Deaths. Form distribution: Original (white) to the Registrar-General or the person arranging for the disposal of the body; Duplicates (blue) to the person arranging for the disposal of the body; Triplicate (yellow) to be retained by Doctor. Form should be completed within 2 working days of the death.)

I, \_\_\_\_\_, a registered Doctor:

<p>(a) For a stillborn child*:</p> <p><input type="checkbox"/> was present at the stillbirth; or</p> <p><input type="checkbox"/> examined the stillborn child's body.</p>	or	<p>(b) For any other deceased person (including a neonatal death!)*:</p> <p><input type="checkbox"/> attended the deceased person when alive; or</p> <p><input type="checkbox"/> examined the deceased's body; or</p> <p><input type="checkbox"/> considered the deceased's medical history and the circumstances of the death.</p>
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and certify that: \_\_\_\_\_ was aged: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(full name of deceased) Y M D

and born on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (birth) sex: M F (circle one) and I believe that he/she died on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

at: \_\_\_\_\_ For stillborn or neonate: time of birth\* \_\_\_\_\_ time of death\* \_\_\_\_\_

In my opinion, the probable cause of death is as stated below in section 'A' or 'B':

**'A' - (for a stillborn child or neonate)\*:**

1(a) Main disease or condition in foetus or neonate \_\_\_\_\_

1(b) Other diseases or conditions in foetus or neonate \_\_\_\_\_

1(c) Main maternal disease or condition affecting foetus or neonate \_\_\_\_\_

1(d) Other maternal diseases or conditions affecting foetus or neonate \_\_\_\_\_

2 Other relevant circumstances \_\_\_\_\_

Underlying Cause of Death\*: \_\_\_\_\_

**'B' - (for any other deceased person):**

Disease or condition directly leading to death: <small>(This means the final disease or condition which caused death - NOT the mode of dying such as heart failure, respiratory failure, etc, UNLESS explained by Antecedent Causes below.)</small>	1(a)	due to, or as a consequence of	Duration of last illness <small>(approximate interval between onset and death)</small>
Antecedent Causes - morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	1(b)	due to, or as a consequence of	
	1(c)	due to, or as a consequence of	
	1(d)	due to, or as a consequence of	
	1(e)	due to, or as a consequence of	
	2		

Other Significant Conditions - contributing to the death, but not related to the underlying cause given in Part 1. \_\_\_\_\_

Date and type of operation in the last 4 weeks\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Pregnancy:** Was the deceased pregnant within 6 weeks of death?\*  No  Yes

Was the deceased pregnant between 6 weeks and 12 months of death?\*  No  Yes

Does the body of the deceased pose a cremation risk under the Cremations Act 2003\*?  No  Yes (please specify eg, pacemaker)

Is the death a reportable death under the Coroners Act 2003 (CA)\*?

No

No, Coroner has advised death not reportable under s.26(5)(a) of CA.

Yes, issue of this certificate was authorised under s.12(2)(b) of the CA.

Note: Please complete a Perinatal Supplement (to Cause of Death Certificate) (Form 9A) if the above information relates to a child who was stillborn (of at least 20 weeks gestation or 400 grams weight at birth) or who died within 28 days after birth (neonate) †.

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials and Surname \_\_\_\_\_

Professional Qualification(s)\* \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

(Insert name of Coroner who advised or who authorised this Certificate and Date)

Non-Coronal Autopsy Consented by Next of Kin\*

Carried out  To be carried out  Not to be carried out

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

Form 9 Ver. 1.01/02/2004 Note: This Certificate must be issued without charge.

# Queensland cause of death certificate (and perinatal supplement) form (continued)

OFFICE USE ONLY																																																																																																																						
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