

NSW Registry of
Births Deaths & Marriages

Attorney General's
department of nsw

PR 315

New South Wales

Births, Deaths and Marriages Registration Act, 1995 (Section 39)

Medical Certificate of Cause of Death

THIS CERTIFICATE MUST NOT BE ISSUED FOR A DEATH WHICH OCCURS IN CIRCUMSTANCES SPECIFIED IN THE CORONERS ACT

First names of deceased		Surname of deceased	
Date of death (DD/MM/YYYY) __ / __ / __ __		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Place of death			
Date of birth (DD/MM/YYYY) __ / __ / __ __		Age years	
Date last seen alive by me __ / __ / __ __		Was the body viewed after death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the deceased of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes).		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal Origin <input type="checkbox"/> Yes, Torres Strait Islander origin	
Did the deceased undergo an operation or procedure within 4 weeks of death? If YES, specify: • Type of operation _____ • disease/condition _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	

Cause of Death		Duration between onset and death
Part 1 Line (a) Disease or condition directly leading to death Lines (b) to (e) Antecedent causes (morbid conditions, if any, giving rise to the abovementioned cause, stating the underlying condition last)	(a)	
		due to
	(b)	
		due to
	(c)	
		due to
	(d)	
		due to
	(e)	
Part 2 Other significant conditions contributing to the death, but not related to the disease or conditions causing it.		

Was an injury involved in the death? Yes ☐ No ☐ If YES, check Coroner's requirements (see inside front cover)

Was the deceased pregnant within 6 weeks prior to death? Yes ☐ No ☐ between 6 weeks and 12 months of death? Yes ☐ No ☐

I hereby certify that I am a currently registered medical practitioner and that: • I was responsible for the medical care of the abovenamed deceased immediately before death AND/OR • I examined the body of the abovenamed deceased after death and that the particulars and cause of death above written are true to the best of my knowledge and belief. This certificate is signed pursuant to Section 12 B of the Coroner's Act, 1980 (see Notes inside front cover)	
Signature	Date __ / __ / __ __
Full name of medical practitioner	
Susan Elizabeth Tyler-Freer	Registration MED0001193094
Address Brunswick Heads Medical Centre	
14 Mullumbimbi St. Brunswick Heads NSW 2483	Telephone 02 6685 1742