



Registry of Births, Deaths and Marriages Victoria

Medical Certificate of Cause of Death of a person aged 28 days or over

Births, Deaths and Marriages Registration Act 1996 & Regulations 1997

SAMPLE

1. Is this death a reportable or reviewable death in accordance with Section 13 of the *Coroners Act 1985*?
(Information about reportable and reviewable deaths is provided on the back page of this form)

No Go to question 2.

Yes You cannot use this form to give notice of this death. The death must be reported as soon as possible to a coroner or an officer in charge of a police station.

Please use blue or black ink and **BLOCK** letters to complete this form.

These certificates are produced on carbonless copy paper so please press firmly when writing.

Details of the deceased person

2. Surname of the deceased person

Given name(s)

3. Date of birth (dd/mm/yyyy)

Age at death

Sex

Male Female

4. How was the deceased identified to you?

Personal knowledge

Medical records

Relative's identification

Name of relative

5. Date of death (dd/mm/yyyy)

Date last seen alive by you

6. Did you view the body after death?

No Yes

Was a post mortem examination held?

No Yes Yet to be held

7. Place of death (full address including town/suburb)

Postcode

8. Was the deceased person of Aboriginal or Torres Strait Islander origin?

No Go to question 9.

Yes Aboriginal

Torres Strait Islander

Both

9. Cause of Death (use BLOCK letters)

Part 1	Description of causes	Duration between onset & death	
Disease or condition directly leading to death This means the disease, injury or complication that caused death, not only the mode of dying, such as heart failure, respiratory failure etc	(a) _____ Due to	_____	
	Antecedent causes (b) - (d) Morbid condition, if any, giving rise to the above cause, stating the underlying condition last	(b) _____ Due to	_____
		(c) _____ Due to	_____
		(d) _____	_____

Part 2	Description of causes	Duration between onset & death
Other significant conditions contributing to death but not related to the disease or condition causing it	_____	_____
	_____	_____
	_____	_____
	_____	_____