

Electronic cause of death medical certificates

Medical practitioners

The Registry of Births, Deaths and Marriages (RBDM) has an online system enabling medical practitioners to create, certify and submit cause of death medical certificates (Form 9) and perinatal supplements (Form 9a) to RBDM and to the Coroners Court of Queensland (CCQ) in cases of reportable deaths.

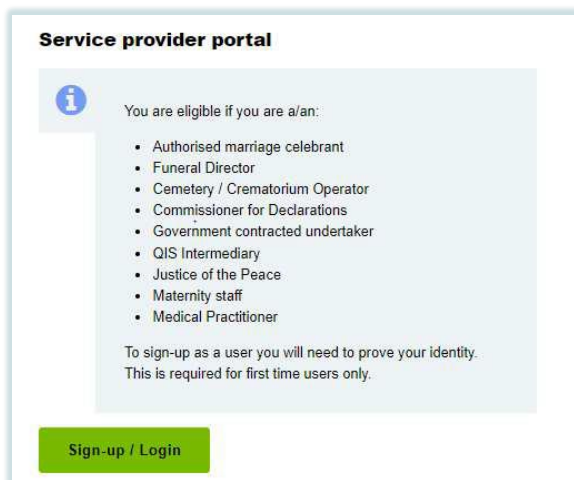
Accessing the system is simple, it uses the same QGov login used for QScript. The first time you log in to the system you will be asked to enter your AHPRA registration number, business address and contact number—you only need to do this once.

To find more information on the sign up process and accessing the system, visit www.qld.gov.au/law/births-deaths-marriages-and-divorces/online-service-providers/medical-practitioners.

We will advise you by email once your sign up has been accepted and you can start using the system.

The system

1. Login using your QGov account.



2. Select 'Fill in cause of death certificate'



3. Complete the fields (sample of questions below).

Fill in cause of death certificate — RD30175

i The Cause of Death Certificate (Form 9), shall not be given without authorisation of the Coroner in relation to a reportable death.

This certificate must be issued with no charge

All items marked with a black asterisk () are for statistical or administrative purposes only and will not appear in the Register of Deaths. Items marked with a red asterisk (*) are mandatory fields.*

Details of deceased

Was the deceased

Neonate - born alive but died within 28 days of birth

Stillborn - at least 20 weeks gestation OR 400 grams weight at birth

Any other deceased person

Not reportable/reportable death details

* Is death to be referred to Coroners Court of Queensland as a reportable death under the Coroners Act 2003(CQ)?

Yes No

[See Coroners Court website for health professionals](#)

* Did you

Attend the person when alive

Examine the body

Consider the medical history and the circumstances of the death

4. Certify and submit the record.

* Certification of cause of death

I, declare that I am the registered medical practitioner authorised to certify the cause of death of Robert Smith (RD30175) on Thursday, 24 November 2022.

Back to record

Certify and submit for review

5. Once you have certified and submitted the document to RBDM, you will be able to print or download a copy of the Form 9 / 9a for your records.

Download the certificate(s) below for you to:

1. Send a copy to the person arranging for the disposal of the body; and
2. Keep a copy for your records

[Form 9 certificate](#)

For more details on using the online cause of death system, refer to the User Guide available in the '[Help and instructions](#)' section.

Sample of completed online Form 9



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

RD30175

CAUSE OF DEATH CERTIFICATE

Please print clearly, using **BLOCK** letters
 To the Registrar-General, Brisbane

Office use only	
TB:	No
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; Duplicate (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, Tanya Test profile Sander, a registered Doctor:

<p>(a) For a stillborn child*:</p> <input type="checkbox"/> was present at the stillbirth; or <input type="checkbox"/> examined the stillborn child's body.	or	<p>(b) For any other deceased person (including a neonatal death)*:</p> <input checked="" type="checkbox"/> attended the deceased person when alive; or <input type="checkbox"/> examined the deceased's body; or <input type="checkbox"/> considered the deceased's medical history and the circumstances of the death.
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and certify that: **Robert Smith** was aged: **42 years**
 and born on: **01/10/1980** sex: **Male** and I believe that he/she died on: **23/11/2022**
 at: **Alpha Hospital, Alpha** 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):		Duration of last illness (approximate interval between onset and death)
Disease or condition directly leading to death: <i>(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.)</i>	1(a) Something bad	
Antecedent Causes – morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	1(b)	1 day
	1(c)	
	1(d)	
	1(e)	
Other Significant Conditions – contributing to the death, but not related to the underlying cause given in Part 1.	2	

Date and type of operation in the last 4 weeks* - **N/A**

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

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: **Dr Medical Practitioner**

Date: **24/11/2022**

Initials and Surname **T. Sander**

Professional Qualification(s)* **MP - General Other**

Address **180 Ann Street, Brisbane City, QLD 4000**

Telephone **3033 6746**

