Applicable only in respect of a child born weighing 500 grammes or more, **or** having a gestational age of 24 weeks or more who shows no sign of life

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| **DUBLIN DISTRICT CORONER** |
| **Date of report** \_\_\_ /\_\_\_ / 20\_\_\_ **Reporting Hospital** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reported by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hospital Contact no.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Consultant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hospital Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of case** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_ /\_\_\_ / 20\_\_\_  **Hospital Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Family telephone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Family email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Foetal Demise** \_\_\_ /\_\_\_ / 20\_\_\_ **Date of Delivery** \_\_\_ /\_\_\_ / 20\_\_  **Community Demise** Yes  No  **In Patient Demise** Yes  No  **Gender** Male  Female  Unknown  **Gestation** \_\_\_\_\_\_\_\_\_\_\_ **Birth Weight** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Information in relation to the pregnancy** |
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| **Probable Cause of Death** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The Coroner’s office will advise the reporting doctor as to the decision of the Coroner. There will seldom be a requirement for a Coroner’s Post Mortem where the cause of death is known and natural.*  Please email this completed form to [deathreport@justice.ie](mailto:deathreport@justice.ie) |