

To be completed on **all Sudden Unexpected Deaths in infants and young children on arrival & forwarded immediately by:**

FAX: (01) 878 7696 or PHONE: (087) 242 3777 (7 days)

Child's Name:

Parent(s): Mother:

Father:

Address:

.....

Telephone/Contact:.....

Date of Birth: Date of Death:

Hospital child was brought to:

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Maternity Hospital

GP:

Address (if known)

Pathologist: Coroner:

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Date and time of admission:

Date and time last seen alive:

Circumstances surrounding discovery of infant (e.g., found dead in cot, parents bed etc.):

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Medical background (any relevant information)

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Do parents wish for any further contact from the register ? Yes No

Notified by: Telephone:

Position:..... Hospital:

Signature: Date: