Form 104 (98)

CONFIDENTIAL STATISTICAL RETURN IN RESPECT OF INQUEST

This return will be used solely for the purpose of supplementing the information on the Coroner’s Certificate for the better classification of cause of death and will be treated as strictly confidential in accordance with the Statistics Act, 1993. It should be forwarded via the relevant Garda Inspector to the Director General, Central Statistics Office, Vital Statistics Section, Skehard Road, Cork on the adjournment or completion of the inquest

Please answer all relevant questions \*

Reference Information:

|  |  |
| --- | --- |
| **1. Coroner’s District \*** | **2. Date of adjournment or**  **Completion of inquest \*** |
| **3. Member of An Garda Siochana and station**  **Investigating the death: \*** | |

Information on the deceased:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Date on which death occurred. | |  | | |
| 5. Address at which death occurred  *(if not at home*) | | |  | |
| 6. Name, surname and home address of deceased. | | |  | |
| 7. Sex: | | | 8. Age at death:  Date of Birth**:** | |
| 9. Marital Status | |  | | |
| 10. \*Most recent domestic living arrangements (*e.g. living alone, with parents, with spouse/partner etc*.).> | | | | |
| 11. \*Employment status at time of death | Employee | | | Unemployed for the last 12 months |
| Self-employed | | | Unemployed for longer than 12 months |
| Retired | | | Worked in the home |
| Student | | | Other, specify......................................... |
| 12. Main occupation  *(If person was unemployed or retired,*  *give last previous occupation)* | | | **«.»** | |

Medical Details:

|  |  |
| --- | --- |
| 13. Medical evidence as to cause of death. |  |

Medical details (cont’d):

|  |  |  |
| --- | --- | --- |
| 14. \*How injuries were sustained:  Describe events surrounding death.  (*In case of a traffic accident, please state*   1. *whether deceased was a driver, passenger,*   *cyclist or pedestrian and,>*   1. *type of vehicles(s) involved etc)>* | | |
| 15. \* Please state the place where the incident occurred. (*For example, at home, residential institution, school, sports area, street/road, trade/service area, industrial/ construction area, farm, other)* > | | |
| 16. \* Is there any evidence of deceased being alcohol dependent?  \* Is there any evidence of deceased being drug dependent?  If drug dependent please specify:  type of drug(s)......................................................  were the drugs prescribed? Yes No | Yes  Yes | No  No |
|  |
| 17. \* Deaths caused by poison:  Please state type of poison,  how and where stored. > | | |

Other information:

|  |  |  |
| --- | --- | --- |
| 18. \* Cases of shooting: how was the firearm obtained?  (w*as it licensed/unlicensed?)* > | | |
| 19. \* Please state if any written note etc. was left at the scene  (*for example, suicide note*.) > | | |
| 20. \* Any known medical history  (*mental/physical, previous contact*  *with medical or social services*). > | | |
| 21. \* Any other known contributing factors  (*for example stress, family/relationship*  *problems, etc*.). | | |
| 22. \* Name and address of G.P., hospital doctor  or medical attendant (*if known*). > | | |
| 23. \* Is Post Mortem report available? | Yes | No |
| 24. \* Please state, in your opinion, whether  death was: | accidental  homicidal | suicidal  undetermined |

Signature of Sergeant in Charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_