



Queensland
Government

Expected Death Letter

Email pallconsult@health.qld.gov.au
for official copy

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

EXPECTED DEATH LETTER

(Photocopy and provide copy to family)

Date: DD/MM/YYYY

Time: HH:MM

TO WHOM IT MAY CONCERN

PATIENT DETAILS

Name: John Doe

DOB: DD/MM/YYYY

Address: Main Street, Your Country

Substitute Decision-Maker: Jane Doe

Phone: XXXX XXX XXX

This person has been receiving treatment and palliative care support to manage symptoms related to a life-limiting illness. The person and family have planned for a home death.

In the event that you have been asked to visit the person's home after the death, please note that this death was expected.

A [Life Extinct Form](#) (for staff external to QH, [email for access](#)) should be completed by a medical practitioner, registered nurse, police officer or paramedic, to allow the family to arrange a funeral director. **Cause of Death Certificate** can be completed by the person's GP or the treating team medical practitioner.

GP / NP / TREATING TEAM DETAILS

Name:

Phone: (XX) XXXX XXXX

Form completed by:

Name/Designation:

Signature: 

Provider Number:

Phone: (XX) XXXX XXXX

DO NOT WRITE IN THIS BINDING MARGIN

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