

**NATIONAL SUDDEN INFANT DEATH REGISTER**

**Private & Confidential**

Georges Hall, The Children’s University Hospital, Temple Street, Dublin 1

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: .....

Maternity Hospital .....

GP: .....

Address (if known) .....

Pathologist: .....     Coroner: .....

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: .....