

Application form for the individual burial or cremation of fetal remains

Note: If this form is to be given to parents, staff should change “baby” to “fetus” if requested by parents. The field [*Mother’s name or parents’ names*] should be updated as appropriate. This form should be sent together with the *Medical form for burial or cremation confirming that fetal remains are less than 24 weeks’ gestation* (Form 3 above). **[DELETE TEXT BEFORE PRINTING]**

APPLICATION FORM FOR THE INDIVIDUAL BURIAL/ CREMATION OF FETAL REMAINS

Name of baby, if given _____

Date and time of burial / cremation _____

Place of burial/ cremation _____

Family to attend _____

Service details _____

Funeral director
(if applicable) _____

Address _____

_____ Telephone _____

I [*name of applicant*] _____

Address _____

am the parent or am acting with the knowledge and consent of the parent(s) [*delete as applicable*]

to apply for the cremation or burial of the remains of the baby described in the attached *Medical form for burial or cremation confirming that fetal remains are less than 24 weeks’ gestation*.

I would like to receive details about the Book of Remembrance [please tick the box]

Signature of Applicant _____

Date _____