

Name of hospital/ trust/ health board

[NOTE: Change baby's body to fetal remains if requested by parents.]

Form for parents who take their baby's body home

TO WHOM IT MAY CONCERN

This is to confirm that (name(s) of parent(s))

of (address) _____

Have taken their baby's body from (name and address of hospital)

Date _____

I / We, the parent(s), hereby take full responsibility for our baby whilst they are in our care.
We will (tick as appropriate):

return our baby to the hospital on (date) _____

make our own funeral arrangements.

Parent(s) Name(s) (please print):

Signature _____ Signature _____

Name of staff member (please print) _____

Position (please print) _____

In case of need or concern please contact:

Staff member's name _____ Job Title _____

Department direct line _____ Signature _____

24-hour phone contact for support _____