

## Medical form for burial or cremation confirming that fetal remains are less than 24 weeks' gestation

**Note:** If this form is to be given to parents, staff should change “fetal remains” and “foetus” to “baby’s body” or “baby”. If requested by parents, “fetal remains” or “foetus” should be retained in the form. The fields *[insert name if given]* and *[Parent(s) ’ names]* should be updated as appropriate.  
**[DELETE TEXT BEFORE PRINTING]**

### MEDICAL FORM FOR CREMATION OR BURIAL CONFIRMING THAT FETAL REMAINS ARE LESS THAN 24 WEEKS’ GESTATION

I hereby certify that I have examined ..... *[insert name if given]*, the fetus of:

*[Parent(s) ’ names]*.....

Delivered on [date]..... 20.....

was of a gestation up to and no more than 24 weeks and showed no signs of life.

I know of no reason why any further enquiry or examination should be made.

Name.....

Signature.....

Registered qualifications.....

Address.....

Telephone number.....

Date.....

*The above signatory must be a registered doctor, nurse or midwife who delivered or examined the fetus.*