

# Application form for the individual burial or cremation of pregnancy 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.

**[DELETE TEXT BEFORE PRINTING]**

Name of the 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 .....