10.17

Application for cremation of stillborn baby

Cremation 3
replacing Cremation 3
issued 2009

This form can only be completed by a person who is at least 16 years of age. Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium	
Name of crematorium where cremation will take place	
	· · · · · · · · · · · · · · · · · · ·
Name of funeral director	Telephone number
Part 2 Your details (the applicant)	
Your full name	
Address	Telephone number
art 3 Details of the stillborn baby	
the case of a stillborn baby who has not been given a name, in placesert a description sufficient to identify the baby.	ce of the name
Full name of baby	
Sex Date of stillbirth	
☐ Male ☐ Female / / / /	

Part 4 The application

Are you a	parent of the stillborn baby?				Yes	
	se give the nature of your relati e application.	onship and e	explain why yo	u are		
Have both	parents been informed of the p	roposed cre	mation?	ni-charas a court de	Yes	
	se give the name of the parent			, have no		n
, p.ee	green and rights of the parent		on(3) willy the	y nave no	L Deell CO	-
	ent of the stillborn baby expresseremation?	ed any objec	ction to the		Yes	
proposed		ed any objec	ction to the		Yes	
proposed	cremation?	ed any objec	ction to the		Yes	
proposed	cremation?	ed any objec	ction to the		Yes	
proposed	cremation?	ed any objec	ction to the		Yes	
proposed	cremation?	ed any objec	ction to the		Yes	
proposed If Yes, ple	eremation?		ction to the		☐ Yes	
proposed If Yes, ple	cremation?		ction to the		Yes	
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proposed If Yes, ple	eremation?		ction to the		Yes	
proposed If Yes, ple	eremation?		ction to the		Yes	
proposed If Yes, ple	eremation?		ction to the		Yes	

Part 4 continued

	Do you know or suspect that the baby was not stillborn?
	Do you consider that there should be any further examination of the Stillborn baby's remains?
	If you have answered Yes to questions 5 or 6, please give reasons below.
Δ	applicant's instructions for ashes
	Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.
	Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box
	If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signatur before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change you mind.
	Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium
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Part 5 continued

	Option 3: Ashes to be held awaiting your decision
	Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.
	When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.
Part 6	Recovery of ashes
	Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation following an early pregnancy loss) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.
	Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.
Part 7	Statement of truth
	I apply for the stillborn baby to be cremated and I certify that I am at least 16 years of age.
	I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.
	Print your full name
	Signed Dated