



CEMETERIES AND CREMATORIA REGULATIONS 2003  
SECTION 9

**Application for Burial or Cremation  
of Foetal Remains**

*The particulars given herein will be regarded as strictly confidential*

Stillborn of.....(Mother's or Mother's and Father's name)

Date of death (if unknown approximate date).....

Gestation (if known)..... Weight of foetal remains.....(grams)

*At least one parent's details needs to be filled in below*

*Particulars of mother*

Surname.....Other names.....

Permanent address (as per hospital identification).....

*Particulars of father*

Surname.....Other names.....

Permanent address.....

Section to be filled out by the doctor or nurse attending      Are remains infectious? No  Yes

I certify that the remains are foetal and there is no known reason why they should not be buried/cremated

Signature.....Date.....

Name (*in block letters*).....Qualifications.....

Address.....Telephone.....

**I would like to .....(*cremate or bury*) the remains of the deceased individually, and will make the arrangement myself.**

Signature.....Date.....

Name (*in block letters*).....Mother/Father.....

Witness of Signature.....Date.....

Name of Witness (*in block letters*).....

**I understand that the foetal remains will be cremated as a group and there will be no individual marking of ashes and that these ashes will be disposed of appropriately by the hospital.**

Parent's Signature.....Date.....

Name (*in block letters*).....Mother/Father.....

Witness of Signature.....Date.....

Name of Witness (*in block letters*).....