



Funeral Option A

Babies born between 14 and 24 weeks gestation having shown no signs of life.

ADDRESSOGRAPH (Mother's)

Tel: (Number1)

Tel:.....

Father's Name:

Certificate of Medical Practitioner or Midwife in respect of fetal remains

I hereby certify that I have examined the fetal remains of:

Mother's Name.....

Delivered on.....at.....AM/PM ofweek's gestation and which at no time showed any visible life signs.

Post Mortem required? Yes No

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

PRINT AUTHORISING NAME:

Authorising Signature.....Date of this signature.....

Contact Telephone No: or Bleep.....

Address of Authorising Professional.....

Registered Qualifications.....



Funeral Option A

PARENTS: Funeral options available to you

This is to inform you of the funeral options available for your baby.

The Midwives /Nurses and/or Hospital Chaplain will have already talked this over with you.

Please tick one option box only

Option 1

To decide to make independent arrangements with an undertaker of my choice and therefore the Trust will have no further responsibility in this matter.

Option 2

To decide to be present and the hospital will make the appropriate arrangements. This option provides a choice of cremation or burial. The service will be for my baby only and I understand that I will be able to discuss the arrangements with the hospital's Chaplaincy or their Patient Services staff.

(PLEASE COMPLETE SECTION OVERLEAF)

Option 3

To decide not to be present at the funeral. The hospital will make all the appropriate arrangements. I understand that my baby will be cremated at the Kingsdown Crematorium and the service will be taken by the hospital Chaplain.

There will be no charge to me and I will not need to do anything further. A small group of babies will be cremated together in separate caskets.

Please circle one choice: **I DO / DO NOT wish** to be informed when the funeral has taken place.



Funeral Option A

Application for cremation or burial, please choose ONE only:

Cremation

I hereby make the application that my baby's remains be cremated at Kingsdown Crematorium. I accept and understand that after the cremation it is likely that there will be no resultant cremated remains.

Should there be cremated remains it is my request:

- To scatter the remains within the Tree of Remembrance area, at Kingsdown Crematorium.
- For the remains to be collected by the Funeral Director for interment/scattering elsewhere.

Burial

That my baby's remains be interred in an un-purchased baby's grave at the Swindon Borough Council burial ground.

I have read the schedule of conditions below concerning a Burial in an un-purchased, baby's grave and I understand and accept them.

The following conditions must be strictly adhered to at Kingsdown Cemetery:

1. That any intention to erect a memorial on the grave must be applied for from a Memorial Stonemason and in accordance with the Kingsdown Cemetery Baby Section and Memorial Agreement regulations.
2. There are no rights to further burials in the grave.

DECLARATION OF DECISION AND UNDERTAKING

I, the parent of baby _____ born on _____ have made my decision shown above regarding the final committal of my baby's mortal remains and will fully comply with all the conditions scheduled.

Parent signature

Witness signature

Witness, please PRINT your name

Date:



Funeral Option A

Third Party Authorisation – ONLY if parent is not the applicant for cremation

Please capture the reason why the parent is not the applicant for cremation:

.....
.....

Applicant's signature

Please PRINT your name

Date:.....

Full address of this Third Party signatory, including postcode.....

.....
.....

State capacity in which signatory has signed

Please return this form to Bereavement Services once completed.

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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