



## Funeral Option B

**Funeral for a stillborn baby over 24 weeks gestation,  
OR for a live born baby of any gestation who died under 24 hours of age**

ADDRESSOGRAPH (mother's)

Tel (Number1): .....

Tel. Number: .....

Father's name: .....

Name of baby.....

Date of birth of baby.....

Hospital Number of baby.....

### **PARENTS: Funeral options available to you**

This is to inform you of the funeral options available for your baby. The Midwives and/or Hospital Chaplain will already have talked this over with you and are still available if you have any further questions or for extra support if you need.

**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. I understand that I will be able to discuss arrangements with Chaplaincy or their Patient Services staff.



## Funeral Option B

### Instructions for Cremation or Burial, please choose ONE option only

#### Cremation

I hereby make Instruction:

That my baby's remains be cremated at Kingsdown Crematorium.

I accept and understand that after the cremation there may be no resultant cremated remains. Should there be cremated remains it is my request:

- to scatter the remains within the Trees of Remembrance Area at Kingsdown Crematorium
- for the remains to be collected by myself / my representative
- 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.



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### 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.....

Witnessed.....

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Witness, please PRINT your name.....

Date.....

**Please return this form to the 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](mailto:gwh.pals@nhs.net)**

**Document Control**

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