

Appendix 5 – Application for Cremation; Fetal Loss from 12 weeks to 23+6 gestation



Salisbury City Council
Salisbury Crematorium

Name of Baby(if applicable).....

Delivered on theat
.....am/pm
At Salisbury Healthcare NHS Foundation Trust

Gestation.....

It has been explained to me/us that it will not be possible to recover any remains following the cremation.

Mothers
Name.....

Mothers
Signature.....

Fathers
Name.....

Fathers
Signature.....

Parents
address.....

I hereby certify that I have examined the fetus and at no time after the birth were there any signs of life. I know of no reason why any further enquiry or examination should be made.

Doctors Name..... Registered Qualifications

Address.....

Telephone//Bleep.....

Signature of
Doctor.....Date.....

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Appendix 5 contd



Salisbury City Council
Salisbury Crematorium

To be completed by the Medical Referee.

Authority to cremate

Application has been made by;

Parents
Names.....

Parents
Address.....

.....
.....

For cremation of a non viable fetal loss. I am satisfied that the fetal loss was under 24 weeks gestation and was not alive at delivery. I am satisfied that the proper application has been made for cremation of the fetal loss and there exists no reason for further enquiry or examination.

I hereby authorise the Superintendent of Salisbury Crematorium to cremate the said remains.

Signature of Medical
Referee.....
Salisbury Crematorium.

Date.....
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