

Please complete this form in full, if a part does not apply enter 'N/A'.

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## Part 1 The stillborn child

Full name of child or description

Sex

Male  Female

Date of stillbirth

/ / 

## Part 2 Certificate of stillbirth

I am a registered

- medical practitioner  
 midwife

I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

  
     

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

/ /