

Appendix 9



Application for Cremation: Loss of a Baby 24 weeks gestation and above

Name of Baby (if applicable):

.....

Delivered on the

.....at.....am/pm

at Salisbury NHS Foundation Trust

Gestation

.....

Mother's Name:

.....

Mother's signature:Date:

.....

Father's Name:

.....

Father's signature:Date:

.....

Parents'

address.....

I hereby certify that I have examined the baby and know of no reason why any further enquiry or examination should be made.

Doctor's Name:

.....

Registered Qualifications:

.....

Address:

Telephone / Bleep:

Signature of Doctor:Date:

.....