

**Appendix 11**

**Request for Burial.**

**REQUEST FOR BURIAL**

This is to confirm that:

Mothers name:.....

Fathers name:.....

of  
address:.....  
.....

whose baby died on:.....at.....weeks of  
pregnancy.

Are requesting a burial;

arrangements to be made by the hospital

private arrangements to be made with a funeral director of their own choice

Name of funeral director if  
known:.....

Signature of Mother:.....

Signature of Father.....

Name of  
Midwife/Doctor:.....  
...

Signature:.....

Date:.....  
2 copies required: For Notes and for Bereavement Suite