

**APPLICATION FORM FOR THE INDIVIDUAL
CREMATION OF FETAL REMAINS**

Name of baby, if given

Date of cremation

Time of cremation

Family to attend

Service details

Funeral director

Address

Telephone

I, (Name of Applicant)

Position

Address

apply to

Crematorium to undertake the cremation of the remains
of the baby (described in the attached *Medical certificate in respect of fetal remains less
than 24 weeks' gestation*).

**The parents have been informed that it is not possible to recover any remains
following the cremation.**

The parents would like to receive details about the Book of Remembrance

[please tick the box]

Signature of Applicant

Date

This form, together with the Medical certificate authorising burial or cremation of fetal remains of less than 24 weeks' gestation (Form 3 above), should be received not later than 48 hours before the day of cremation.