

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

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Name of baby, if given

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Date of cremation

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Time of cremation

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Family to attend

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Service details

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Funeral director

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Address

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Telephone

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I, (Name of Applicant)

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Address

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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*).

**I/We have been informed that it is not possible to recover any remains following the  
cremation.**

I/We would like to receive details about the Book of Remembrance

[please tick the box]

Signature of Applicant(s)

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Date

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*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.*