

_____ [Hospital Address] _____

TO WHOM IT MAY CONCERN

This is to confirm that [name(s) of parent(s)]

of [address]

whose baby was stillborn / died on [date] _____

has / have taken their baby's body from [name and address of hospital]

Date _____

They will be: [tick where applicable]

returning the body to the hospital on [date] _____

making their own funeral arrangements.

Name of authorising member of staff [please print] _____

Position [please print] _____

Signature [signature] _____

Date [date] _____

In case of concern, or if confirmation is needed, please contact:

_____[contact details for the authorising member of staff or the relevant department]_____