

Addressograph Label:



Form 3: Authorisation for burial or cremation following pregnancy loss up to 23 weeks and 6 days gestation. To be completed by the authorised individual

Gestation:

This form is used to record your wishes. When you come to a decision please complete **Section A**.

Section B of this form is completed where you authorise the hospital to arrange the burial or cremation within 7 days (where possible).

Section C of this form is completed if you do not inform the hospital of your decision.

Help and support

If you have any questions about the option you have chosen or any other part of the process, for example the date on which the burial or cremation will take place, please ask your designated contact or call the telephone number below.

Contact telephone numbers:

Ward Contact Number:

Section A

Patient Name:

Hospital to list available options here, including the option to make own arrangements and a description of the hospital's standard procedure.

CHI:

Gestation:

Hospital staff have explained the options to me and I understand the options available.

Please tick the chosen option in the box below:

Please ensure there is an accompanying completed Form 2.

I hereby authorise NHS GGC to make the necessary arrangements for: **(please tick the box for the option chosen)**

Sensitive disposal according to hospital standard procedures (free of charge NHS arranged shared cremation).

Make my own arrangements through a funeral director (If a cost is involved, the NHS is unable to pay this).

Take my pregnancy loss out of the hospital (release of pregnancy loss form to be completed),

For any option, if consent is being given to examine the pregnancy loss, please ensure Hospital Examination section (page 3) is signed and witnessed.

I (name of the authorised individual)

(relationship to patient) have been authorised to make the arrangements for burial or cremation.

Making your own arrangements

If you are making your own arrangements but are not taking the pregnancy loss with you straight away please contact the hospital as soon as you have made the arrangements. If you have not contacted the hospital within 6 weeks following your pregnancy loss, or if you have informed the hospital of your arrangements but your pregnancy loss has not been collected within the 6 weeks, the hospital will make arrangements for burial or cremation of your pregnancy loss in line with the hospital's standard procedure.

Arrangements in line with the patient's wishes

I authorise the hospital to make the arrangements in line with the patient's wishes (if you know the patient's wishes, please write them in the box below).

Ashes

Patient Name:

CHI:

Gestation:

For shared or individual cremation, crematorium staff will make every effort to recover ashes. If ashes are not recovered, the Inspector of Cremation will investigate the reasons for this.

If you choose shared cremation, individual ashes will not be available for collection. Shared ashes will be buried or scattered in line with the crematorium's standard procedure.

If you choose individual cremation, you can instruct what happens to the individual ashes that are recovered.

Hospital Examination

If you have given authorisation for the hospital to examine your pregnancy loss, there is a possibility that with early pregnancy loss there will be no tissue left for burial or cremation following examination.

Signature

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date

Section B – Date of burial or cremation

Patient Name:

CHI:

Gestation:

The hospital will not normally arrange the burial or cremation to take place before 7 days, in case you wish to change your decision. If you have no objection to the burial or cremation taking place before 7 days, please tick the box below.

I authorise the hospital to arrange the burial or cremation before 7 days (where possible) and I understand that by doing so I may not be able to change my decision.

Signature

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date

Section C – Where no decision has been made

Patient Name:

CHI:

Gestation:

Where the hospital has not been informed of a decision, the hospital should record that fact in the box below and, where possible, secure the signature of the authorised individual.

Signature

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date

Notes:

This form should be completed by the authorised individual when arranging the burial or cremation of a pregnancy loss up to and including 23 weeks and 6 days gestation.

The authorised person must be 16 years or older.

If it is not possible to obtain the signature of the authorised person, a member of staff should sign the last part of Section C.