

Addressograph Label:



Form 2: Authorisation for burial or cremation following pregnancy loss up to 23 weeks and 6 days gestation

Gestation:

This form is used to record your wishes. You do not have to make a decision straight away, you can take time to consider the option that is best for you. When you come to a decision please complete **Section A**.

If you do not wish to discuss the options and wish to authorise the hospital to make the arrangements of your behalf, please proceed to **Section B**.

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.

Section C of this form is completed if you change your decision.

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

Section E 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 – Your wishes for burial or cremation

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 your chosen option in the box below:

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 (SD8 - release of pregnancy loss form to be completed),

I authorise someone else to make the arrangements on my behalf (complete section below and refer to Form 3).

I have not yet decided. I understand the need to contact the hospital on the above number as soon as a decision is reached and if I have not contacted the hospital within 6 weeks the hospital will make arrangements for sensitive disposal according to hospital standard procedure (tick box on page 3 and complete section E).

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

Making your own arrangements

If you are making your own arrangements but are not taking your 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.

Authorised individual

If you would like to authorise someone else who is 16 years or older to make the arrangements on your behalf please provide their name and contact details below. If you would like to specify burial, cremation or that the hospital decides on the arrangements, please write your wishes in the box below:

Name of individual [BLOCK CAPITALS]

Relationship to you:

Contact details for individual:

Address and postcode of individual [BLOCK CAPITALS]

Ashes

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.

Patient Name:
CHI:
Gestation:

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

If, after discussing the options, you would like more time to consider your decision, please tick the box below.

I would like more time to consider my decision.

Please contact the hospital on the number below as soon as you have reached a decision.

Hospital telephone number:

Section B – Decline to discuss

Patient Name:
CHI:
Gestation:

I have declined to discuss this matter and understand that the hospital will proceed according to its standard procedure.

Signature

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job Title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date

Section C – Changing your decision

Patient Name:

CHI:

Gestation:

Please record your new decision in the box below.

Making your own arrangements

If you are making your own arrangements but are not taking your 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.

Authorised individual

If you would like to authorise someone else who is 16 years or older to make the arrangements on your behalf please provide their name and contact details below. If you would like to specify burial, cremation or that the hospital decides on the arrangements, please write your wishes in the box below:

Name of individual [BLOCK CAPITALS]

Relationship to you:

Contact details for individual:

Address and postcode of individual [BLOCK CAPITALS]

Ashes

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 shared cremation is chosen, individual ashes will not be available for collection. Shared ashes that are recovered 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.

Patient Name:
CHI:
Gestation:

Signature (secure the patient's signature where possible)

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job Title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date

Section D – 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 E – 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 patient's signature.

Signature

Your name [BLOCK CAPITALS]

Signature

Date

Witness name [BLOCK CAPITALS]

Job Title

Witness address and postcode [BLOCK CAPITALS]

Witness signature

Date