

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Date of stillbirth

/ /

Part 2 Certificate of stillbirth

I am a registered

- medical practitioner
 midwife

I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

/ /