

## **CERTIFICATE OF REGISTRATION OF STILL-BIRTH**

(Section 21(4) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

This is to certify that	:		
Name			
Was still-born on (date	)		
	me on (date)		
and was registered by	me on (date)		
Forename(s) and surna	ame(s) of child's mother		
Forename(s) and surna	ame(s) of child's father/parent		
Address of parents (or	of mother)		
	Postcode		
The certifying doctor/m	nidwife has confirmed the following to the best of their knowledge a	and beli	ef:
		Υ	N
Does the body of the still-born child pose a risk to public health: for example, did the child or the child's mother have a notifiable infectious disease or was the mother or child's body "contaminated" immediately before birth?			
	ally explosive device currently present in the still-born child?		
born child?	material or other hazardous implant currently present in the still-		
Details of Certifying Do	octor/Midwife		
Name			
GMC/NMC number			
Business Address			
Business contact telephone number			
telephone number			
Signed		R	egistrar
Name			
District of			

**Note:** This certificate should be given either directly by the informant or by another person (such as a funeral director or family representative) to a person having charge of a place of internment, cremation or other means of disposal of human bodies who inters, cremates or otherwise disposes of the body of a still-born child.