Certificate of stillbirth

Cremation 9
introduced in 2009

01.09

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

☐☐ / ☐☐ / ☐☐☐☐

Regulation 20(1)(c)(i) of the Cremation (England and Wales) Regulations 2008