Application for cremation of **foetal remains**

This form can only be completed by a person who is at least 16 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'

Part 1   Details of the crematorium

Name of crematorium where cremation will take place

Cheltenham Crematorium

Name of funeral director

Telephone number

Part 2   Your details (the applicant)

Your full name

Address

Telephone number

Part 3   Details of the foetus

In the case of a foetus who has not been given a name, please insert a description sufficient to identify the baby

Full name of baby

Delivered on

Weeks of gestation

Full address of where delivery took place

Part 4   The application
In the case of a foetus who has not been given a name, please insert a description sufficient to identify the baby

Are you a parent of the baby?   ☐ Yes   ☐ No

If no, please give the nature of your relationship and explain why you are making the application

[ ]

Have both parents been informed of the
proposed cremation?   ☐ Yes   ☐ No

If no, please give the name of the parent and the reason(s) why they have not been contacted

[ ]

Has a parent of the baby expressed any objection
to the proposed cremation?   ☐ Yes   ☐ No

If yes, please give details

[ ]

Part 5   Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation following an early pregnancy loss) there may be no recoverable ashes. If you have any questions, please ask your funeral director or crematorium.

Please tick the box to confirm that you understand this and that you wish to proceed with the cremation.   ☐

Part 6   Statement of truth

I apply for the stillborn baby to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtain the cremation of any human remains.

Print your full name

Signed

Dated