

CITY OF BELFAST CREMATORIUM

Cremation No. _____

Form H.

Forms H I & F.

APPLICATION FOR CREMATION OF A STILL-BORN CHILD

REGULATIONS MADE BY THE MINISTRY OF HEALTH
AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE
CREMATION ACT, 1902, AS APPLIED BY SECTION 26
OF THE BELFAST CORPORATION (GENERAL POWERS)
ACT (NORTHERN IRELAND), 1948

This Form is issued by the
City of Belfast
Crematorium,
Crossnacreevy.

Telephone No.
(028) 9044 8342

This application
should be made by the
father or mother where-
ever practicable.

These Forms are Statutory. All the questions must be answered to make the Certificates effective for the purpose of Cremation.

(Name of Applicant) _____
Surnames first, other names in full.

(Address) _____

(Occupation) _____

apply to the Belfast City Council to undertake the cremation of the body of a child which was still-born.

(Date on which still-birth occurred) _____

(Place of still-birth) _____

(Sex) _____

(Name of father) _____

(Name of mother) _____

The true answers to the questions set out below are as follows:-

All the questions should
be carefully read and
answered.

1. Are you the father or mother of the still born child? }

2. If not, state?

(a) Your relationship }

(b) The reason why the application is made by you and not by the father or mother }

3. Have the father and mother of the still born child
(a) been informed of the proposed cremation? }

(b) expressed any objection to the proposed cremation? If so, on what grounds? }

4. Do you know or have any reason to suspect that the still-birth was due, directly or indirectly, to malpractice or inattention at birth? }

5. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable? }

6. Give the name and address of the registered medical practioner or certified midwife who was present at the still-birth or who has examined the body. }

**THIS DECLARATION MUST BE MADE BEFORE A JUSTICE OF THE
PEACE OR A COMMISSIONER FOR OATHS.**

I DO HEREBY SOLEMNLY AND SINCERELY DECLARE that all the particulars above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1835.

(Signature) _____

DECLARED AT _____

the _____ day of _____ before me.

(Signature) _____

(Description) _____

When completed, this Form must be forwarded to the Registered Medical Attendant or Certified Midwife, if no Doctor was present at still-birth or has examined the body.

Form I.

**CERTIFICATE OF REGISTERED MEDICAL ATTENDANT OR
OF CERTIFIED MIDWIFE, IF NO DOCTOR WAS PRESENT AT STILL-BIRTH
OR HAS EXAMINED THE BODY.**

This medical certificate is regarded as strictly confidential. The right to inspect it is confined to any person appointed for that purpose by the Dept. of Housing, Local Government and Planning or the Chief Constable of the Royal Ulster Constabulary.

I am informed that application is about to be made for the cremation of the body of a child which was still-born and having been present at the still-birth or having examined the body, I give the following answers to the questions set out below:-

1. Name of father. }

2. Name of mother. }

3. Sex of still-born child. }

4. On what date and at what hour did the still-birth occur? }

5. What was the place where the still-birth occurred?
(Give address and say whether parents' residence, lodging, hotel, hospital, nursing home, etc.) }

6. Are you a relative of the parents of the still-born child? If so, state the relationship. }

All Questions should be
carefully read and answered.

7. Have you, so far as you are aware, any pecuniary interest in consequence of the child having been still-born. }
}

8. Were you the ordinary medical attendant of the mother of the still-born child? If so, for how long? }
}

9. If not, state name and address of medical attendant. }
}

10. If you were not present at the still-birth, how soon after birth did you see the body, and what examination of it did you make? }
}

11. What in your opinion was the cause of the still-birth
(i) (i)

DIRECT CAUSES
State foetal conditions directly causing still-birth. } (a) _____
} due to
}

ANTECEDENT CAUSES
State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last. } (b) _____
} due to
} (c) _____

(ii) (ii)

OTHER SIGNIFICANT CONDITIONS
of foetus or mother which may have contributed to but, in so far as is known were not related to direct cause of the still-birth. _____

12. Do you know or have you any reason to suspect that the still-birth was due, directly or indirectly, to malpractice or inattention at birth? }
}

13. Have you any reason whatever to suppose a further examination of the body to be desirable? }
}

14. Have you given the certificate required for registration of the still-birth? If not, who has? }
}

I HEREBY CERTIFY that the child was still-born and that the answers given above are true and accurate to the best of my knowledge and belief. I know of no reasonable cause to suspect that the still-birth was due to malpractice or inattention at birth and I am satisfied that there is no reason for reporting the still-birth to the Coroner.

(Signature) _____

(Address) _____

(Registered qualifications in case of doctor) _____

(Number in case of certified midwife) _____

(Date) _____

THIS CERTIFICATE AFTER BEING SIGNED BY THE APPROPRIATE MEDICAL PRACTITIONER, MUST BE FORWARDED IN A CLOSED ENVELOPE TO THE MEDICAL REFEREE, BEREAVEMENT SERVICES, THE CECIL WARD BUILDING, 4-10 LINENHALL STREET, BELFAST BT2 8BP.

Authority to Cremate

Whereas application has been made for the cremation of the remains of the still born child of

(Name of Mother) _____

(Name of Father) _____

Address _____

And whereas I have satisfied myself that the relevant requirements of the Cremation Act, 1902, and of the Cremation (Belfast) Regulations (Northern Ireland) 1961, have been complied with, that the child was still born, and that there exists no reason for any further inquiry or examination;

I hereby authorise the Cemeteries and Crematorium Manager of the City of Belfast Crematorium, Crossnacreevy, to cremate the said remains.

Signature _____

Medical Referee to the City of Belfast Crematorium

Date _____

Note:- When completed, Forms H, I & F, must be forwarded as soon as possible to the Director of City and Neighbourhood Services, Bereavement Services, The Cecil Ward Building, 4-10 Linenhall Street, Belfast BT2 8BP.