

# Form I

For office use only

Cremation number: \_\_\_\_\_

## Certificate of Registered Medical Attendant or of Certified Midwife, if No Doctor Was Present at Stillbirth or Has Examined the Body

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

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

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 stillborn and having been present at the stillbirth 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 stillborn child.	
4. On what date and at what hour did the stillbirth occur?	
5. What was the place where the stillbirth occurred? <i>(Give address and say whether parents' residence, lodging, hotel, hospital, nursing home, etc.)</i>	
6. Are you a relative of the parents of the stillborn child? If so, state the relationship.	
7. Have you, so far as you are aware, any pecuniary interest in consequence of the child having been stillborn.	
8. Were you the ordinary medical attendant of the mother of the stillborn child? If so, for how long?	

All questions should be carefully read and answered.

9. If not, state name and address of medical attendant.	
10. If you were not present at the stillbirth, how soon after birth did you see the body, and what examination of it did you make?	
<p>11. What in your opinion was the cause of the stillbirth</p> <p>(i)</p> <p><b>Direct Causes</b> State foetal conditions directly causing stillbirth.</p> <p><b>Antecedent Causes</b> State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.</p> <p>(ii)</p> <p><b>Other Significant Conditions</b> of foetus or mother which may have contributed to but, in so far as is known were not related to direct cause of the stillbirth.</p>	<p>(i) (a) <i>due to</i></p> <p>(b) <i>due to</i></p> <p>(c)</p> <p>(ii)</p>
12. Do you know or have you any reason to suspect that the stillbirth 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 stillbirth? If not, who has?	

**I HEREBY CERTIFY** that the child was stillborn 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 stillbirth was due to malpractice or inattention at birth and I am satisfied that there is no reason for reporting the stillbirth to the Coroner.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Registered qualifications in case of doctor: \_\_\_\_\_

Number in case of certified midwife: \_\_\_\_\_

Date: \_\_\_\_\_