

Form H

For office use only

Cremation number: _____

Application for Cremation of a Stillborn 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

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

This application should be made by the father or mother wherever practicable.

Name of applicant: _____

Surname first, other names in full

Address: _____

Occupation: _____

apply to the

Insert name and address of Cremation Authority: _____

to undertake the cremation of the body of a child which was stillborn.

Date on which stillbirth occurred: _____

Place of stillbirth: _____

Sex: _____

Name of father: _____

Name of mother: _____

All the questions should be carefully read and answered.

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

1. Are you the father or mother of the stillborn 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	(a) (b)

Name of deceased: _____

3. Have the father and mother of the stillborn child (a) been informed of the proposed cremation? (b) expressed any objection to the proposed cremation? If so, on what grounds?	(a) (b)
4. Do you know or have any reason to suspect that the stillbirth 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 practitioner or certified midwife who was present at the still-birth or who has examined the body.	

Declaration by Applicant

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 stillbirth or has examined the body.