



**Confidential**

Cremation Number: \_\_\_\_\_

**Certificate of medical practitioner or midwife in respect of a non-viable infant.**

**I hereby certify that I have examined the remains of:**

(Infant's name) \_\_\_\_\_

(Mother's name) \_\_\_\_\_

(Address) \_\_\_\_\_  
\_\_\_\_\_

(Place of delivery) \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ am/pm

of \_\_\_\_\_ weeks gestation and which at  
no time showed any visible life signs.

I know of no reason why any further enquiry or examination should be made.

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

Print name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

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

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

**This form should be forwarded as soon as possible, along with the written consent of the parent, to  
Bereavement Services, The Cecil Ward Building, 4-10 Linenhall Street, Belfast BT2 8BP.**

# Authority to cremate

(Name of infant) \_\_\_\_\_

(Name of mother) \_\_\_\_\_

(Name of father) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Medical Referee to the City of Belfast Crematorium

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