Cremation 3
replacing Cremation 3
issued 2009
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Bereavement Services
The Crematorium
Rainford Road
Tel: 01744 677406

St.Helens
Council

Application for cremation of stillborn baby

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

Name of Funeral Director

Telephone number

Part 2 - Your details (the applicant)

Your full name

Address

Post code

Telephone number

Email

Part 3 - Details of the stillborn baby

In the case of a stillborn baby who has not been given a name, in place of the name insert a description sufficient to identify the baby.

Full name of baby

Sex

☐ Male   ☐ Female

Date of stillbirth

Regulation 20(1)(a) of the Cremation (England and Wales) Regulations 2008

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Part 4 - The application

1. Are you a parent of the stillborn baby? ☐ Yes ☐ No

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

2. 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.

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

   If Yes, please give details.

4. Please give the address where the baby was stillborn.
   Address

   Post code ☐☐☐☐ ☐☐☐☐

   Please state whether it was the applicant's own home, hospital etc.

5. Do you know or suspect that the baby was not stillborn? ☐ Yes ☐ No

Regulation 20(1)(a) of the Cremation (England and Wales) Regulations 2008 **Continued over the page ➔**

6. Do you consider that there should be any further examination of the stillborn baby's remains?   ☐ Yes   ☐ No

If you have answered yes to question 5 or 6, please give reasons below.

Part 5 - Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

☐ **Option 1: Ashes to be scattered/interred/otherwise dealt with by the crematorium**

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered/placed and when; and whether you wish this to be witnessed.

☐ **Option 2: Ashes to be collected from the crematorium**

Please give further details of your wishes here, such as who will collect the ashes (for instance you and/or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identificsation.

☐ **Option 3: Ashes to be held awaiting your decision**

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Regulation 20(1)(a) of the Cremation (England and Wales) Regulations 2008   **Continued over the page ➔**

Part 6 - Recovery of ashes

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

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

☐

Part 7 - 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 obtaining the cremation of any human remains.

Print your full name

Signed

Dated ☐☐ ☐☐ ☐☐☐☐